

Pet Name: <animal> <last-name>

Pet Number: <number>

Breed: <breed></breed>									CHECK OUT DATE:					
	Sex: _								-					
									]					
Emergency	Conta	ct:						_			IAND	AKD: _		
Alternative Contact:								_	FEEDING INSTRUCTIONS  Pet Resort Food Free Eater  Home Food Feed Separately  AM AMOUNT:  PM AMOUNT:  Raw Feed \$5/day Needs to be Fed					
Check In: Check out:								_						
□ DOG AGGRESSIVE       □ FENCE JUMPER         □ FOOD AGGRESSIVE       □ RUNNER         □ PEOPLE AGGRESSIVE       □ FOOD ALLERGIES?														
PERSONAL	<u>ITEMS</u>	: (list ir	n detail!	)						<u> </u>	Dayc	are: _		
Composure:  YES, please allow my pet to have Composure. I understand I will be charged \$2.50 a day  NO, I choose not to have Composure given									BATH: P/U Time  K. Bath Salon Groom					
MEDICATION:	<u>ON:</u> \$4.5	50 admir	n fee					Instruc	tions	·				
									nstructions:					
Medication:								Instruc	tions	5:				
DATE FOOD/WATER		ATER	LET OUT			РО		OPED		LOOK OF POOP		VOMIT?	TOLD DR ABOUT	
<b>N</b> =Normal	<b>D</b> =D	iarrhea	B=	Bloody		<b>P</b> =Pa	stv		=Str	aining	,	<b>W</b> =Wo	orms <b>M</b> =	-Mucous

I understand, authorize, and agree to the above services and charges while my pet is in Sugar Hill Animal Hospital's care. If I choose to board my pets together or have them partake in doggie daycare, I understand that SHAH is not responsible for any injuries that may occur. In the event that my pet needs medical treatment and I am unable to be reached, I authorize SHAH to perform all necessary veterinary care. SHAH is not responsible for lost items that are left with your pet during their stay. Lastly, I authorize SHAH to do all required vaccinations that my pet needs in order to stay in SHAH's care.

Signature:	Date: