SUGARHILL ANIMAL HOSPITAL
PET RESORT • SALON • POOL

Pet Name: _____ Client Number: _____ (clinic use)

Breed: _____ Color: _____ Species: _____ (clinic use) Sex: _____ (clinic use)

Emergency Contact: _____ Alternate Contact: _____

Check In: _____ **Check Out:** _____

Dog Aggressive Food Aggressive People Aggressive	Fence Jumper Runner Food Allergies: _____	**Personal Items?**	VIP Suite: _____ Standard: _____

Medication	Instructions	Needs Meds Today
		AM Mid PM

Bath?	**Daycare?**	**Feeding Instructions**
DATE: _____P/U TIME: _____ ☐ K Bath ☐ S Bath ☐ Groom	_____ Group Let Out? **YES** **SOLO POTTY**	_____ am _____ pm Home Food Kennel Food Feed Sep.

DATE	Paw Treat			Frozen Kong			Composure	

Frozen Paw Treats
w/ PB & Pumpkin - $2.25 per paw
Paws Per Day:_____
Total # of Days: _____

Frozen Kong
w/ GI LowFat can - $6.25 per kong
Kong Per Day:_____
Total # of Days: _____

Composure
$3.90 per day
☐ YES ☐ NO

Date	AM Appetite	**AM** Urine	**AM** Fecal/Look	**PM** Appetite	**Mid** Urine	**Mid** Fecal/Look	**PM** Urine	**PM** Fecal/Look	Staff Initials	Manager Initials
	+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -		
	+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -		
	+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -		
	+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -		
	+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -		
	+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -		
	+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -		
	+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -		
	+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -		
	+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -		
	+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -		
	+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -		
	+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -		