



PET LODGE ADMITTING FORM *for Canine Campers*

PET NAME: _____

PET BREED AND COLOR: _____

AGE OR DATE OF BIRTH: _____

GENDER: _____

PET SEX: _____

CAMPER REQUIREMENTS:

- All campers must have current Rabies and Distemper vaccinations. **DUE** _____
 - All canine campers must have an annual Bordetella (Kennel Cough) vaccination. **DUE** _____
 - Canine Influenza vaccine is strongly recommended and may be required in the future.
 - All vaccines should be given at least 1 week prior to check-in to ensure effectiveness.
 - All canine campers must have passed an internal parasite screen (fecal test) within the last six months. **DUE** _____
 - All requirements must be valid through the camper's scheduled check-out date.
- Documentation of vaccinations & labwork performed at another veterinary hospital or pet care facility must be provided at (or prior to) check-in.*
- For campers who are patients of Mountain Parks Veterinary Hospital, documentation does not need to be provided separately. In all other cases, **it is the owner's responsibility to contact their veterinarian and obtain the necessary documentation.***
- Any camper that does not provide documentation of Camper Requirements at (or prior to) check-in will be vaccinated and/or have an Internal Parasite Screen performed by our veterinary staff at Mountain Parks Veterinary Hospital at the owner's expense. **The pet will be in isolation until the Hospital staff is available to perform needed vaccines and/or tests.***
- Prior to vaccinations being administered, a complete physical examination will be performed by the veterinarian on duty at the owner's expense.** For campers who are patients of Mountain Parks Veterinary Hospital, the physical examination will be waived if the camper has been seen by our veterinary staff for a complete exam within the last five (5) months.*

CHECK-IN:

A Mountain Parks staff member, along with the client, will note any obvious illnesses and/or injuries at check-in time.

- EYES (no redness or discharge) _____
- EARS (free of debris, not shaking head) _____
- NOSE (no nasal) _____
- SKIN / COAT (not cuts, rashes, or hotspots) _____
- LIMB USE (no limping) _____

Owner Initials _____

Staff Initials _____

Check-In Date: _____ a.m. p.m.

MEALS: Please feed <Animal> as follows:

- MORNING ONLY
- EVENING ONLY
- MORNING & EVENING

Owner Initials

Please feed <Animal> a diet of:

- Camp Provided Food for a charge of \$1.00 per meal
- Personal Pet Food (must be in sealed plastic container)

Amount to Feed at each feeding: _____ Measuring cup
(if not indicated, will feed based on weight)

- I DO I DO NOT authorize <Animal> to have treats provided by Mountain Parks

Additional Feeding Instructions:

ACCOMODATIONS:

- I DO
- I DO NOT
- NOT APPLICABLE

Owner Initials

authorize <Animal> to board overnight with the following Camper(s) from our family.

PLEASE NOTE: Camp Staff may separate Campers if in their discretion there is a health or safety issue of any or all Campers

BATHING:

Campers who stay with us **7 or more nights** are offered a complimentary bath. All other campers may be bathed at a discounted rate based on size and length / thickness of coat. I would like <Animal> to receive a:

- Complimentary Bath
- Discounted Bath
- No bath

Owner Initials

PERSONAL ITEMS:

The following personal items (that have permanent identification) are being left with <Animal>.

Please note that we do not take responsibility for bedding or personal toys left with us.

MEDICAL CONDITIONS:

<Animal> DOES DOES NOT have any current or ongoing medical conditions, including allergies or recent surgeries.

CURRENT MEDICAL CONDITIONS (including chronic illness, recent injuries or surgeries, and allergies):

MEDICATIONS:

<Animal> DOES DOES NOT require medications and/or nutritional supplements to be administered during this stay.

ALL medications, including nutritional supplements, must be provided **in original packaging**. Prescription medications must include prescribing veterinarian's instructions. Please be aware that prior approval is required from our veterinary staff and there will be a **charge of \$1.50 per medicine administration**.

Owner Initials

MEDICATION: (in original bottle)	DOSAGE:	GIVEN:			
1.		AM	PM	BOTH	OTHER
2.		AM	PM	BOTH	OTHER
3.		AM	PM	BOTH	OTHER
4.		AM	PM	BOTH	OTHER

ADDITIONAL INSTRUCTIONS: Is there anything else that we need to know about <Animal> for this stay?

<Animal> as a current patient of **MOUNTAIN PARKS VETERINARY HOSPITAL** is also due for :

IDO **IDO NOT** authorize the following treatment / procedure done while <Animal> is staying at Mountain Parks:

OUTDOOR EXERCISE & GROUP PLAY:

Any overnight Camper who meets our additional camper requirements for group play may participate in our Adventure Camp where they will be in the supervised play yard with other canine campers.

Participation in group play means <Animal> will be interacting with other dogs. All campers are screened before enrollment in group play and will be excluded for aggressive or threatening behavior towards people or other dogs. Even with the pre-screening, there are times in this type of group play environment when quarrels can arise. **Mountain Parks Veterinary Hospital cannot be held responsible for any injuries that may occur while <Animal> is participating in group play. Should a situation arise where <Animal> is directly responsible for any injuries to other campers, you may be held financially responsible for charges incurred to provide medical treatment.**

Overnight campers are also offered individual (or with "siblings"), unsupervised, free play time in our exercise yards with 6' fences throughout their stay. **Be aware that we do not recommend unsupervised play for campers that have a tendency to jump over or crawl under fences, eat rocks or twigs, or have other behaviors which require supervision.**

By authorizing group play, I certify that <Animal> meets the additional camper requirements for group play, is non-aggressive towards people or other dogs, and is spayed/neutered if over 6 months of age.

IDO **IDO NOT** authorize <Animal> to participate in **group play** at Adventure Camp.

Owner Initials

IDO **IDO NOT** authorize **unsupervised** play time for <Animal> in your exercise yards.

CHECK-OUT:

For their safety, Pets must be on a leash or in a Carrier at check-in and check-out. Leashes are available at Camp Headquarters for your use and staff is available to assist you to or from your car.

Check out time is 11:30 a.m. Charges are incurred on a per night basis. Due to the time needed for cleaning and sanitization of our facilities, **pets released after the scheduled check-out time will incur additional fees for boarding.**

Owner Initials

Check-out Date: _____ a.m. p.m.

IMPORTANT!

I understand and agree that all charges incurred during <Animal>'s stay at Mountain Parks Veterinary Hospital, Adventure Camp & Pet Lodge are due at time of check-out. Current Overnight Lodging Pricing and applicable policies are available on our website at www.mountainparksvet.com.

I further understand that <animal> will not receive 24 hour care and we cannot provide care to those animals requiring 24 hour medical care or supervision. Colorado state PACFA regulations 8 CCR 1202-15 section 12 requires us to inform you that large dogs may be briefly housed in undersized kennels defined as crates by PACFA.

If <animal> becomes ill or injured, the staff will attempt to contact the owner, however, since the pet is being left in Mountain Parks' care, **I hereby authorize Mountain Parks Veterinary Hospital's veterinarian to examine, prescribe for, or treat <animal> if a medical situation should arise, including if deemed medically appropriate, euthanasia.** In the event medical attention is required outside of the hospital's regular business hours, I understand that <animal> may be transported to an emergency hospital of the hospital's selection. In the unlikely event that <animal> should pass away the remains will be held until we receive instructions from you. I assume responsibility for all charges incurred in the care of <animal>. including those related to transport and treatment at another medical facility. I also understand that

these charges will be paid at the time of <animal>'s discharge and that a deposit may be required for boarding. In case of nonpayment, I understand that finance charges will be assessed and I am responsible for any fees required to collect payment. **I have read the foregoing, understand what it says, and agree.**

Signature: _____ **Date:** _____

Emergency Phone # _____

Will you be reachable? _____ **Will there be a time difference in your destination?** _____

If we are unable to reach you, who should we call in regards to your pet's treatment? _____