

# Mesilla Valley Pet Resort, LLC

## Pet Information

Arrival Date \_\_\_/\_\_\_/\_\_\_

Departure Date \_\_\_/\_\_\_/\_\_\_

Client Name: \_\_\_\_\_

Pets Name: \_\_\_\_\_ Type Of Animal: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

### Feeding Instructions

Name of food: \_\_\_\_\_ Amount: \_\_\_\_\_ Morning Afternoon Evening

Last feeding date &amp; time: \_\_\_\_\_

### Medical Information

#### MEDICATIONS

| Name of Medication | Dosage/Quantity | Frequency | Last dose given by you |
|--------------------|-----------------|-----------|------------------------|
|                    |                 |           |                        |
|                    |                 |           |                        |

Special instructions for administering medication: \_\_\_\_\_

Has your pet ever had a seizure? yes / no If yes, date of last seizure: \_\_\_\_\_

Has your pet been ill in the last thirty days? yes no

If yes, please explain: \_\_\_\_\_

I HEREBY CERTIFY THAT MY PET IS HEALTHY AND FREE FROM ANY ILLNESS. If recently in veterinary care, a signed release must accompany pet from your veterinarian stating that your pet is certified for boarding. If pet shows sign of non-recorded illness at the time of boarding, then your pet may not be accepted for boarding (INITIALS) \_\_\_\_\_

### MEDICAL ILLNESS POLICY

As the owner of the pet named above, I understand that Mesilla Valley Pet Resort, LLC, its employees, officers, directors and agents will exercise due care and diligence to protect the health and safety of my pet while in their care. In the event my pet becomes ill or sustains an injury, I agree to have Mesilla Valley Pet Resort, LLC call the emergency contact at the number previously listed regarding my pet's symptoms and treatment options. However, if I as the owner or authorized agent can not be reached, I agree to and consent to the Veterinarian retained by Mesilla Valley Pet Resort, LLC to render care for my pet and agree to full payment of all fees for such medical care. (INITIALS) \_\_\_\_\_

I hereby authorize the following person(s) to act as my agents(s) should the need for medical care arise during my pet's stay at Mesilla Valley Pet Resort, LLC and I am unable to be reached. I also consent to the veterinarian retained to render care for my pet to release all medical information to Mesilla Valley Pet Resort, LLC, including but not limited to vaccination information, medical care, both past and present. I also understand that I shall be fully responsible for any and all medical care authorized by either myself or any authorized agent (Including Mesilla Valley Pet Resort) including any and all costs associated with such medical care:(INITIALS)\_\_\_\_\_. I hereby agree that I will pay for any and all medical costs incurred by such veterinarian for the care of my pet, up to and including costs of vaccinations, office visits, sutures should they be required, x-rays, medications, and any and all other unforeseen medical costs. (INITIALS) \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner\_\_\_\_\_  
Emergency Contact

Phone: \_\_\_\_\_