

LOST POUNDS PET CENTER

Office 270-801-6225 or Toshie 270-801-5224

OWNER INFORMATION

Owner _____ Mobile _____ Work _____
Owner _____ Mobile _____ Work _____
Home Address _____ City _____ Zip _____
EMAIL: _____ FACEBOOK Name(s) _____
EMERGENCY Contact _____ Phone _____

PET INFORMATION

Pet Name _____ Male Female Breed _____ Color _____
Pet Birthday _____ Age _____ Is your pet a rescue? Yes No How long have you had your pet? _____
Is your pet possessive of toys, foods, or objects? If Yes, explain: _____

How does your pet get along with other dogs? _____ React to strangers? _____
Has your pet ever been in daycare? Yes No Where? _____ When? _____
Has your pet ever bitten a person/other dog? Yes No Was your pet quarantined? Yes No
If Yes, explain _____

Is your pet afraid of storms? Yes No loud noises? Yes No Other _____

What is your pet's training history? (Circle all that apply)

No Training Self-Trained Puppy Training Basic Obedience Advanced Private

What commands does your pet know and how well? _____

Is your pet sensitive to touch? (i.e. tail touched, paws touched, NAILS TRIMMED?) _____

Please list any behavioral issues, concerns, information (i.e. nervousness, separation anxiety, habits, likes/dislikes)

PLEASE ANSWER: How did you hear about Lost Pounds? _____

LP Staff Initial _____ Date _____

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VETERINARIAN INFORMATION

Owner

Pet

Hospital/Clinic _____
Veterinarian Name _____ Phone _____
Address _____ City _____ State _____

THE FOLLOWING VACCINATIONS/EXAM ARE REQUIRED and a copy on file:

Rabies, DHLPP (Distemper/Parvo), Bordetella (Canine Cough), Fecal Exam (within last year)

Initial _____ Owner gives us permission to contact veterinarian or other care providers.

Is your pet spayed/neutered? Yes No When? _____

Does your pet have a Micro Chip? Yes No Company/Chip # _____

Does your pet have a problem with bladder or bowel control? Yes No

Is your pet taking heartworm preventative? Yes No Brand _____

Is your pet taking flea/tick preventative? Yes No Brand _____

Initial _____ Owner agrees to pay \$15.00 for a vet approved 30-day flea preventative treatment if pet has fleas.

Has your pet recently undergone any surgery or have any previous injuries? Yes No

If Yes, Please Explain: Surgery/Injury/Date _____

List all allergies, health issues or restrictions: _____

Please list all **Medications*** or Supplements with recommended dosage and frequency:

Medication/Supplement	How Often	Reason
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***Medications must be in original container and clearly labeled by your Veterinarian**

DAYCARE PASS

Initial _____ Owner understands that daycare passes do not expire and are non-transferrable.
No refunds are given for unused daycare.

NOTES:

LP Staff Initial _____ Date _____

OWNER _____ PHONE _____ Check-In _____ Check-Out _____

Pet _____ Pet _____ Pet _____ Pet _____ Pet _____

Are you Military? Yes or No # _____ Nights X \$ _____ -% _____ = \$ _____

Grooming/Bath/Nails \$ _____
***Weekend/Afternoon Pickup \$10.00 per Pet/Food/Vet \$ _____
SUBTOTAL \$ _____
6% SALES TAX \$ _____
Check # _____ Cash _____ CC _____ Total Paid \$ _____

OWNER PLEASE COMPLETE INFORMATION

I wish to have (please circle) BATH Nail Trim Grooming (if opening) for pet(s) _____
_____(Initial) I have read, signed and received a copy of the medical wavier that is kept on file
_____(Initial) All required vaccines/flea treatment are current, if not I give permission to have my pet(s) taken to the vet and agree to be responsible for the vet cost to be paid at check-out
_____(Initial) I have received a copy of the Check-In/Check-Out Times and Additional Charges
_____(Initial) My pet(s) Can go to **DAYCARE** YES or NO **EAT** together YES or NO **SLEEP** together YES or NO
_____(Initial) Has your pet(s) had diarrhea, vomiting, cut or injury in past week? NO or YES Explain

FEEDING/MEDICATION Special Instructions _____

PERSONAL ITEMS (Describe in Detail) _____

CHECK-IN/CHECK-OUT TIMES

MONDAY-FRIDAY CHECK-IN: 6:30 am – 6:00 pm CHECK-OUT: Monday - Friday 6:30- 6:00 pm**

HOLIDAYS/SATURDAY 7:00-10:00 OR 3:00-5:00 pm SUNDAY 7:00-9:00 am OR 3:00-5:00 pm***

**MONDAY-FRIDAY: \$10.00 per pet service charge WILL APPLY IF NOT PICKED UP BY 12:00 am

***HOLIDAYS, SATURDAY, SUNDAY: \$10.00 per Pet WILL APPLY IF NOT PICKED UP DURING MORNING CHECK-OUT
\$4.00 PER DAY PET FOOD CHARGE IF WE PROVIDE

COST \$25.00 per night (Pet Guest under 30 lbs)
\$30.00 per night (Pet Guest over 30 lbs)

OPTIONAL SERVICES

Grooming Salon & Spa
Bath and/or Nail Trim

BOARDING DISCOUNT: 10% Military, First Responders, FHFP Adopters or 15% Two or More Pets (Only One Discount Permitted)

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LIKE US ON FACEBOOK to see videos and pictures of your Pet(s) *WE LOVE REFERRALS AND REVIEWS!!!!*