



The Lodge Guest Release Form



Arrival Date _____ Departure Date _____

Primary Contact phone # _____ Primary contact person _____

Emergency Phone # _____ Emergency contact person _____

Contact email: _____

Boarding Requirements:

Vaccines:

I understand that all pets are required to be up to date on the following

- Rabies Vaccine
- Distemper Vaccine
- Bordetella Vaccine
- Canine Influenza Vaccine
- Leptospirosis Vaccine
- Stool Analysis
- Heartworm Test
- Exam with a **West Hills Veterinarian** within the past 6 months

****IF YOUR PET IS NOT UP TO DATE ON ANY OF THE ABOVE, THEY WILL BE REQUIRED TO RECEIVE TESTS AND BE ADMINISTERED VACCINES AND WILL BE CHARGED ACCORDINGLY. FOR THE SAFETY OF YOUR PET AND ALL OUR GUESTS THERE ARE NO EXCEPTIONS.**

Please Initial to confirm you have read all requirements _____

**PETS STAY:

Does your pet have a special diet? _____

Is your pet on any medications? _____

Any additional special instructions that we need to know about? _____

****PETS DEPARTURE: Although we will be sad to see your pet leave, please fill out the information below so we can ensure a smooth and happy check out.**

Would you like to **request a bath**? YES _____ NO _____ (an additional fee according to pets size will apply ranging from \$50-\$85, spa packages will be an additional \$15 on top of bath rate)

****We like to make sure all pets are ready for pick up if you could please indicate when you would like to have them ready****

Will you be picking up before 12 noon? YES _____ If so: Approximate Time: _____ NO _____

Personal Belongings:

Although we understand your pet may have their own belongings, we have everything they need in our comfortable lodge. We provide each pet with bowls, blankets and toys that are appropriate for every shape and size pet. We are also equipped with leashes, collars and harnesses to fit every pet with special walking requirements. **Unfortunately, we cannot accept nor assume responsibility for any personal belongings you insist on leaving with your pet.**

Please Initial to confirm you have read the above statement _____

Should a medical issue arise, would you like to be called before treatment is given? YES _____ NO _____

****We will make every attempt to contact you however treatment will be started immediately if we are unable to make contact and is deemed necessary by a veterinarian****

Please call the hospital ahead of time if you will arrive after regular hours. We also appreciate notification if your pets stay will be extended beyond the date indicated. **PLEASE BE ADVISED PATIENTS/OR GUESTS WHO ARE NOT PICKED UP BY 10:00PM WILL INCUR AN ADDITIONAL NIGHTS FEE.**

Signature of Owner or Authorized Agent: _____