

| Pet's Name:  |                      |                     |                                    |                   | Date:             |                   |
|--|----------------------|---------------------|------------------------------------|-------------------|-------------------|-------------------|
| Breed:   |                      |                     |                                    |                   |                   |                   |
| Age/DOB  |                      |                     |                                    |                   |                   |                   |
| Sex:   | ☐ Male               | □ Female            | □ Spayed/Neutered                  |                   |                   | •                 |
| Expected Date & Time of Pick-Up: If other arrangements are needed for weekend pick-up, please speak to boarding/daycare staff directly |                      | Day:                | ay: □ AM (9a-10a) □ PM (5p-6p)     |                   |                   |                   |
| Pre-Existing Medical C<br>(chronic health issues,<br>fearful/aggressive beha   | anxieties,           |                     |                                    |                   |                   |                   |
| My Pet Enjoys/Is Motiv<br>(treats, toys, etc.)   | ated By:             |                     |                                    |                   |                   |                   |
| Recent Illnesses/Medical Issues:<br>(coughing, vomiting, diarrhea, etc.)   |                      |                     |                                    |                   |                   |                   |
|  |                      | Curre               | ent Medications                    |                   |                   |                   |
| Medication Name &<br>Strength  | Dosage               | How Often           | Last Dose Given                    | Next Dose<br>Due: | Notes:            |                   |
|  |                      |                     |                                    |                   |                   |                   |
|  |                      |                     |                                    |                   |                   |                   |
|  |                      |                     |                                    |                   |                   |                   |
|  |                      | Primary Conta       | ct & Emergency Contac              | ts                |                   |                   |
| Name:  |                      |                     |                                    |                   |                   |                   |
| Phone Number:  |                      |                     |                                    |                   |                   |                   |
| In case of an emerge   | ncy, who is the clos | est emergency conta | oct to provide emergenc<br>behalf? | y transportati    | ion and/or make d | lecisions on your |
| Name:  |                      |                     |                                    |                   |                   |                   |
| Phone Number:  |                      |                     |                                    |                   |                   |                   |

| Check to Confirm:  |   |  |   |                   |                    |                      |  |  |
|--|---|--|---|-------------------|--------------------|----------------------|--|--|
|  | Can make medical decisions on my behalf   |  |   |                   |                    |                      |  |  |
|  | Can provide transportation on my behalf   |  |   |                   |                    |                      |  |  |
|  | I understand that I   | am responsible for a   | ny medical treatment  | authorized by m   | y emergency cor    | ntact at the time of |  |  |
|  | my pet's pick up.   |  |   |                   |                    |                      |  |  |
|  |   |  |   |                   |                    |                      |  |  |
|  |   | Feed   | ling Instructions   |                   |                    |                      |  |  |
|  |   | -  |   |                   |                    |                      |  |  |
| Food Brand & Type  |   |  |   |                   |                    |                      |  |  |
| Known Food Allergies:  |   |  |   |                   |                    |                      |  |  |
|  |   |  |   |                   |                    |                      |  |  |
| How many meals does  | your pet eat a day?   |  | ☐ 1xDay   | □ 2x/Day          | ☐ 3x/Day           | ☐ Other:             |  |  |
|  |   |  | 1   |                   |                    |                      |  |  |
| How much do you feed   | per meal?   |  |   |                   |                    |                      |  |  |
|  |   |  |   |                   |                    |                      |  |  |
|  |   | Notice of Flea-Fre   | ee Environment (Chec  | k One)            |                    |                      |  |  |
| To help maintain a flea-free environment, all pets will be checked for fleas upon admission. If fleas are detected, treatment will be administered at the discretion of the attending veterinarian and at the owner's expense. Please note that any pet found to have fleas will be ineligible for playtime activities during their stay.  |   |  |   |                   |                    |                      |  |  |
| -  |   | ☐ My pet received flea prevention on   |   |                   |                    |                      |  |  |
|  |   |  | My pet needs flea prevention administered. I understand the cost will be added to my final boarding invoice |                   |                    |                      |  |  |
|  |   | Photo Re   | lease Authorization   |                   |                    |                      |  |  |
| We love sharing the st   | ories of our furry gue  | ests! With your nermis   | ssion, we may take and  | Luse photos of vo | our net for market | ing social media     |  |  |
| We tove sharing the st   |   |  | Please indicate your pi   |                   | our per for marker | 1116, 3001411110414, |  |  |
| ☐ Yes, I authorize CareVet of Middletown to use photos of my pet for marketing, social media, and other educational postings.  |   |  |   |                   |                    |                      |  |  |
| □ No, I do not authorize CareVet of Middletown to use photos of my pet for marketing, social media, or other educational postings.   |   |  |   |                   |                    |                      |  |  |
|  |   |  |   |                   |                    |                      |  |  |
|  |   | Emorgonov Car  | o Troatmont Authorize   | ation             |                    |                      |  |  |
|  |   | Efficigency Car  | e Treatment Authoriza   | ation             |                    |                      |  |  |
| While we do not anticipate any emergencies, it is important for us to know how to act quickly and appropriately should one arise. In the event your pet becomes ill or injured during their stay at KKM, we will make every effort to contact you or your emergency contact immediately. If we are unable to reach you, please indicate your preferences below by initialing one option: |   |  |   |                   |                    |                      |  |  |
|  |   | <b>Authorize necessary care:</b> I authorize KKM to provide any medical or surgical treatment deemed necessary by the attending veterinarian. I understand costs will be added to my final boarding invoice. |   |                   |                    |                      |  |  |
|  | <b>Limit care:</b> I authorize medical or surgical care up to a maximum of \$ without prior contact.  |  |   |                   |                    |                      |  |  |
|  | Withhold care until contact: Do not administer any medical or surgical treatment until I or my emergency contact has been reached. I understand withholding care can lead to a worsening of my pet's condition. |  |   |                   |                    |                      |  |  |

## CPR or DNR (Do Not Resuscitate) Preferences (please initial)

|                                   |  | CPR Authorization:     | l authorize KKM to perfo |                  |           | if deemed necessary |  |
|-----------------------------------|--|------------------------|--------------------------|------------------|-----------|---------------------|--|
|                                   | by the attending veterinarian.   |                        |                          |                  |           |                     |  |
|                                   | <b>DNR (Do Not Resuscitate):</b> I request that no resuscitation efforts be performed if my pet's hear stops or they stop breathing. |                        |                          |                  |           |                     |  |
|                                   |  | l                      | 3.353 01 (               | ., 2.544         | <u>o.</u> |                     |  |
|                                   |  | Boarding & Dayc        | are Options (select op   | otion)           |           |                     |  |
|                                   |  |                        |                          |                  |           |                     |  |
|                                   |  |                        | der 75lbs) - \$30.80/day |                  |           |                     |  |
|                                   |  |                        | reeds only) - \$46.20/da | ıy               |           | _                   |  |
|                                   |  | og Occupancy - \$38.5  |                          |                  |           |                     |  |
|                                   | Double Run, Two Do   | og Occupancy - \$52.8  | u/Day                    |                  |           |                     |  |
|                                   |  | A                      | dd-On Extras             |                  |           |                     |  |
|                                   | Additional Potty Bre   |                        | ud on Extrao             |                  |           |                     |  |
|                                   | Nail Trim: \$26.40   |                        |                          |                  |           |                     |  |
|                                   | · · · · · · · · · · · · · · · · · · ·  |                        |                          |                  |           |                     |  |
|                                   |  |                        | Play Time                |                  |           |                     |  |
|                                   | (all daycare p   | articipants must pass  | an evaluation hosted b   | by one of our ca | regivers) |                     |  |
| Play Type                         | Monday   | Tuesday                | Wednesday                | Thursday         | Friday    | Sat/Sun             |  |
|                                   |  |                        |                          |                  |           |                     |  |
| Group Play - Single               |  |                        |                          |                  |           | Unavailable         |  |
| Session (\$11)                    |  |                        |                          |                  |           |                     |  |
| Group Play - Double               |  |                        |                          |                  |           | Unavailable         |  |
| Session (\$17.60)                 |  |                        |                          |                  |           | Unavailable         |  |
| 1-1 Play - Single                 |  |                        |                          |                  |           | Lineveilable        |  |
| Session (\$11)                    |  |                        |                          |                  |           | Unavailable         |  |
| 1-1Play - Double                  |  |                        |                          |                  |           | Unavailable         |  |
| Session (\$17.60)                 |  |                        |                          |                  |           | Onavaitable         |  |
|                                   |  | To Po Comm             | lated by CaraVat Staff   | 1                |           |                     |  |
|                                   |  | To Be Comp             | leted by CareVet Staf    |                  |           |                     |  |
|                                   | All required vaccin  | es and recommende      | d parasite screenings    | are up-to-date   |           |                     |  |
|                                   | Vaccines are not co  | urrent, but owner has  | provided consent to h    | nave them adm    | inistered |                     |  |
|                                   | Pet is free of fleas   | and/or ticks on intake | )                        |                  |           |                     |  |
|                                   | All medications & food has been received from owner  |                        |                          |                  |           |                     |  |
|                                   | Relevant   | Notes (Vaccines to be  | e administered, verba    | price auntes     | etc.)     |                     |  |
|                                   | notovant   |                        | - aarimiotorou, vorbu    | . p.100 quotos,  | ,         |                     |  |
|                                   |  |                        |                          |                  |           |                     |  |
|                                   |  |                        |                          |                  |           |                     |  |
|                                   |  |                        |                          |                  |           |                     |  |
|                                   |  |                        |                          |                  |           |                     |  |
|                                   |  |                        |                          |                  |           |                     |  |
|                                   |  |                        |                          |                  |           |                     |  |
|                                   |  |                        | Signatures               |                  |           |                     |  |
|                                   |  | 1                      |                          | 1_               | T         |                     |  |
| Signature of Carely               |  |                        |                          | Date:            |           |                     |  |
| Signature of CareVet Team Member: |  | ĺ                      |                          | Date:            |           |                     |  |