

A Compassionate Commitment to Quality Pet Care Since 1955!

Camper/Owner Information

Owner Name: _____

Owner Email: _____

Camper Name: _____
Species: _____



Breed/Color: _____

Arrival Date: _____ Departure Date: _____ Pick-Up Time
(M-F 7a-10a, S-S 8a-10:30a)

*If arriving before drop-off time or leaving before pick-up time a \$20 Daycare charge will be applied.

Primary Contact While Camping

Name: _____

Phone: _____

Secondary Contact Name: _____

Phone: _____

Feeding Instructions

Brought Food? Yes No* 
*If no, follow House Feeding Guidelines

Eaten Yet? AM PM None

Dry _____ Cup Scoop Bag
SID BID TID Free

Wet _____ Cup Scoop Bag
SID BID TID Free

Camping Packages

Canine Campers

- Pup-Camp \$39/night for 6mo and younger/non-playcamper
- Stay-Cation 0-20lbs \$35/night, 21-59lbs \$41/night, + 60lbs \$45/night
- Play-Cation 0-20lbs \$45/night, 21lbs-59lbs \$49/night, + 60lbs \$55/night
- Therapeutic Camping \$55/night

*0-20lbs sleep in our Bungalows, 21-59lbs sleep in our Cottages, 60lbs+ sleep in our Cabins
*\$5/night cabin upgrade option if available

Feline Campers

- Kitten Cottages \$28/night for 1yr and younger
- Cozy Cat Cottages \$25/night
- Curious Cat Cottages \$28/night
*\$5/night cottage upgrade to Treehouse Suite if available
- Treehouse Suite \$38/night
- Therapeutic Cottages \$32/night

Capstar \$7, one-time charge. Administered at check-in for flea control.

Holiday Rates are an additional \$4/day

Veterinary Services

If you would like an estimate of these charges, please request this from the Client Service Representative.

- Exam to board _____
- Annual _____
- Vaccines _____
- Deworming _____
- Fecal Exam _____
- Exam (Illness/Injury) _____

Preferred Doctor: _____

A La Cat Services

- Playtime Options (2x/day) \$10
-Puzzle toy with treats
-Laser tag
-Fishing pole playtime with counselor
- Individualized exploring time \$10
- Brush-out with Pedicure \$8
- Treat Time Options(3x/day) \$4
-Tuna on Ritz
-Greenies Dental Treats
-Temptations
- Tuck-in Time with soft toy with soothing scent, and star gazing lights \$5
- Spa Essentials \$25
-Oatmeal/Aloe Shampoo
-Pedicure
- 10 pictures \$5

A La Bark Services

- Tuck in with massage and short story \$5
- Daily brush-out \$3
- Spa Treatment \$37
-Oatmeal and Aloe Shampoo
-Ear Cleaning
-Pedicure
*Dremel available \$60
- Single day PlayCamp \$18
M T W R F Sa Su
- Outside 1-on-1 time \$8
AM PM
(Walk or Exercise)
- Treat Time Options (3x/day) \$5
-Hills Soft Baked Chewies
-Hypoallergenic Treats
-Frozen peanut butter Kong
- Medicine Administration \$3/day
*excludes injectables, up to 2 meds
- 10 pictures \$5

___ CSR ___ ACS ___ Tech

Current Medications-Hospital Technician to fill out

Diabetic Campers: Insulin administration \$11 (owner supplied) or \$36 (WVH supplies) per injection

Name/Type	Directions	Last Given	Next Due	Rx Refill?
				Yes No
				Yes No
				Yes No
				Yes No



IMPORTANT INFORMATION

- For their protection, all guests staying with us will be:
 - Given a complimentary screening upon check-in.
 - Given a Capstar at check-in to prevent external parasites at the owners expense.
 - Given any vaccinations that are required by us that they're not current on at owner's expense.
- Serious health problems and emergencies will be treated immediately by our staff at the owner's expense. Every effort will be made to contact you at the number given before beginning treatment.
- I understand there are additional charges for Veterinary Services.
- Guests receiving a bath are to be picked up after 3:00 P.M.
- *Guests picked up after 12:00 Noon are charged daycare for the remainder of the day unless your dog is participating in PlayCamp on their departure day, your pet is a frequent boarder, or on weekends _____ Initial * **Effective January 5th 2017**

Owner/Authorized Agent Initials: _____

WALKS / PHOTO AUTHORIZATION AND RELEASE

I authorize the staff of Winter Park Veterinary Hospital (WPVH) to walk/have playtime with guest(s) named on the reverse side as well as on the Additional Guest Boarding Authorization form and absolve WPVH and staff of any liability for injury and loss of the guest(s) or injury to others.

I acknowledge and agree to pictures/film being taken of my pet and of myself and give permission for them to be used in connection with WPVH's work including the website. Any media utilized becomes the property of WPVH.

Owner/Authorized Agent Initials: _____

PLAYCAMP AUTHORIZATION AND RELEASE

I understand that there are inherent risks of injury to me, and my dog, family and friends (hereafter known as "Participants") who are present/involved in PlayCamp and connected activities, including risks related to equipment, condition of premises, staff actions, disease, dog bites and other risks, known and unknown. At times there may be off property training which could increase risks. I acknowledge and accept that injury could occur to me and "Participants", related to Winter Park Veterinary Hospital, its staff, the trainers, other staff, other students, their family and dogs (hereafter known as "Released Parties"). I am participating voluntarily in PlayCamp for enjoyment, with the knowledge of the potential risks. I assume known and unknown, risks of injury, death, property damage, that may result from my participation in PlayCamp and connected activities.

I agree to release, indemnify, defend, and hold harmless all the "Released Parties" mentioned above, from all liability to me, the "Participants", and other representatives and family, for all liability, claims, damage, or demands for personal injury or death to me, and "Participants" arising from or relating to the Agreement, or participation in PlayCamp and connected activities, whether on or off premises. I take sole responsibility for any loss.

I understand that the "Released Parties" are materially relying on this Agreement in allowing me to be a member of the training with various activities, and to use the premises.

I have carefully read the Agreement. I understand the terms as well as that there is an assumption of risk, a release, waiver of liability and hold harmless agreement.

Owner/Authorized Agent Initials: _____ (PlayCamper Parents Only)

TREATMENT / SERVICES AUTHORIZATION AND RELEASE

I, the undersigned owner or authorized agent of the guest(s) named on the reverse side as well as the guests named on the Additional Guest Boarding Authorization form, authorize and give consent to Winter Park Veterinary Hospital [WPVH], its doctors and staff to provide boarding services and/or bathing and any other services requested on the reverse side as well as on the Additional Guest Boarding Authorization form to the guest(s). I understand that there are inherent risks & benefits involving these services, that I can ask questions until I am comfortable, and WPVH, its doctors and staff, will use all reasonable precautions against injury, escape, and/or demise of the guest(s).

Should unforeseen events require treatment beyond what has been discussed with me and I cannot be reached, I authorize WPVH, its doctors and staff to perform, and I agree to pay for, such medical and surgical treatments as is necessary to preserve the life of the guest(s) until I can be contacted for further authorization.

I hereby release WPVH, its doctors and staff from any and all claims, except claims of negligence, arising out of or connected with the performance of the boarding, walks, play time, bathing, treatment and/or surgical services. I understand that anesthesia may be given, that it carries risk, and in extremely rare instances, death may result.

I accept full financial responsibility for the services rendered to the guest(s) as well as other costs related to the guest(s). I understand that payment in full is due upon release of the guest(s) from the hospital or when service is otherwise terminated. If charges are not paid within 5 days after written or oral notification has been made to me that the guest(s) is/are ready to be released from the hospital, I relinquished the guest(s) and WPVH is authorized to humanely dispose of the guest(s) unless I, the owner, or authorized agent of mine, calls for the guest(s) & pays all accrued fees.

Should it be necessary to collect this account through a collection agency or an attorney the undersigned agrees to pay all costs of collection, which could double the bill, in addition to reasonable attorney's fee, even if court or legal action is not taken.

I acknowledge that no assurance or guarantee has been made of the results of the boarding, walks, play time, bathing, medical and/or surgical services and that I understand the potential risks & benefits.

Owner/Authorized Agent Name

Owner/Authorized Agent Signature

Date

BOARDING SUPER SHEET

Patient ID: <patient-record-id>
 Client Name: <first-name> <last-name>
 Pet Name: <animal>
 Species: <species>
 Breed: <breed>
 Color: <color>
 Age: <age>
 Sex: <sex>
 Phone: <area>-<phone>

Pet Alerts
 <animal-alert>

Vaccines
 <reminders>

Picture Text (one picture per stay)

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Initial & Date Completed:

Check-In Exam Fleas Present: _____ Ears: _____ Teeth: _____ Skin: _____ Capstar Given: _____ Check-In Exam Completed By: _____

Pet Belongings:

Special Instructions

Arrival / Departure: **Arrival Date:** / / **Departure Day:** _____ **Departure Date:** / / **Departure Time:** _____

Date		Fed	Appetite	BM	Urine	Notations	Initials	Extra Walks	Initials
/ / _____	AM							:	
	lbs Noon							:	
	Weight PM							:	

Date		Fed	Appetite	BM	Urine	Notations	Initials	Extra Walks	Initials
/ / _____	AM							:	
	Noon							:	
	PM							:	

Date		Fed	Appetite	BM	Urine	Notations	Initials	Extra Walks	Initials
/ / _____	AM							:	
	Noon							:	
	PM							:	

Date		Fed	Appetite	BM	Urine	Notations	Initials	Extra Walks	Initials
/ / _____	AM							:	
	Noon							:	
	PM							:	

Date		Fed	Appetite	BM	Urine	Notations	Initials	Extra Walks	Initials
/ / _____	AM							:	
	Noon							:	
	PM							:	

BOARDING SUPER SHEET

Patient ID: <patient-record-id>
 Client Name: <first-name> <last-name>
 Pet Name: <animal>
 Species: <species>
 Breed: <breed>
 Color: <color>
 Age: <age>
 Sex: <sex>
 Phone: <area>-<phone>

Pet Alerts
<animal-alert>

Vaccines
<reminders>

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/ /	AM							:	
	lbs							:	
Weight	PM							:	

Date		Fed	Appetite	BM	Urine	Notations	Initials	Extra Walks	Initials
/ /	AM							:	
	Noon							:	
	PM							:	

Date		Fed	Appetite	BM	Urine	Notations	Initials	Extra Walks	Initials
/ /	AM							:	
	Noon							:	
	PM							:	

Date		Fed	Appetite	BM	Urine	Notations	Initials	Extra Walks	Initials
/ /	AM							:	
	Noon							:	
	PM							:	

Date		Fed	Appetite	BM	Urine	Notations	Initials	Extra Walks	Initials
/ /	AM							:	
	Noon							:	
	PM							:	



A Compassionate Commitment to Quality Pet Care!

WPVH CANINE INFLUENZA POLICY

Effectively July 17, 2017 all dogs wishing to use boarding, PlayCamp or other elective Drop off Services must have had their H3N2 Flu Series completed two weeks prior to their use of services.

- 1) Has your dog coughed or sneezed in the last week? _____
- 2) Have you been to another boarding, doggie day care, dog park or grooming facility in the last two weeks? _____
- 3) Has your dog been around other coughing dogs in the last two weeks? _____

Winter Park Veterinary Hospital has provided boarding services for the residents of Winter Park, Maitland and greater Orlando for over five decades. The new strain of Canine Influenza currently moving throughout the country provides a special challenge to all dog owners. To help protect our boarding dogs, please answer the following questions to determine your dogs' current risk of being an asymptomatic carrier of H3N2.

Due to the highly contagious nature of this virus and its extended incubation period your dog may contract the virus during their stay. We will do our best to prevent this from happening, but it should be taken as an inherent risk of utilizing our boarding and/or PlayCamp services.

Should your dog develop a cough or other flu like symptoms during their stay, we will take the following steps.

- 1) We will place your dog in isolation to avoid further spread of the virus.
- 2) We will attempt to contact you regarding your dog's symptoms and discuss the treatment plan moving forward. In the event that you cannot be reached we will begin treating your dog per doctor's recommendations.

By signing below, you accept the inherent risk of contracting an Upper Respiratory Disease while boarding and accept full financial responsibility for any treatments required to isolate and treat your dog should they develop symptoms during their stay at WPVH.

Pet Name / Last Name

Owner or Authorized Agent Signature

Date