



Overnight Camping - Feline

Paperwork prepped: _____
 Vaccine requirements Confirmed: _____
 Staff Initials: _____

Owner Name: _____
 Email: _____ Phone: _____ Confirmed: _____
 Contact During Stay: _____ Phone: _____
 Camper: _____ Breed: _____ Color: _____

Arrival Date: _____ Departure Date: _____ Pick up Time: _____ AM / PM

Camping Packages

Please choose one

- Kitten Cottages \$28 per night for kittens less than 1 yr old
- Cozy Cat Cottage \$25 per night
- Curious Cat Cottage \$28 per night
- Treehouse Suite \$38 per night * May be necessary due to pet size
- Therapeutic Cottage \$32 per night
- Tech-to-Care For \$85 Patients who require monitoring by our veterinary nurses
 (Diabetic campers: Own insulin admin \$15 / WPVH Insulin admin \$37 per injection)

A' La Cat Services

- Playtime option \$10 per day (2x per day - puzzle toy with treats, laser tag, fishing pole play time)
- Individual Exploring Time \$10 per day
- Brush Out with Pedicure \$8 per day
- Treat Time Options (3x per day) \$4 (Circle preference: Tuna on Rtiz Greenies Dental Treats Temptations)
- Tuck in Time \$5 per day (includes soft toy and star gazing lights)
- Spa Essentials \$26 (includes oatmeal shampoo bath and pedicure)
- 10 pictures \$7

Feeding Instructions

Did you bring your pets food for their stay? Yes No
 What meals do they need today? Breakfast Dinner None

Dry Food: _____ Cup Scoop Bag / SID BID TID Free

Wet Food : _____ Cup Scoop Bag / SID BID TID Free

Notes:

I, _____ have read the above information and confirm it is correct.

Signature: _____

Date: _____

Important information

- For their protection, guest(s) staying with us will be:
 - Given a complimentary screening upon check in.
 - Given a Capstar (\$7) at check in to prevent external parasites at the owner's expense.
 - Given any vaccinations that are required by us that they are not current on, at the 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 p.m.
- Guests picked up after 12 p.m. 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 Monthly Member, or on weekends.

Owner/Authorized Agent Initials: _____

Walks/ Photo Authorization and Release

I authorize the staff at Winter Park Veterinary Hospital (WPVH) to walk/have playtime with guest(s) names on the Overnight camping form, as well as on the additional guest boarding authorization form and absolve WPVH and staff of any liability for injury and lost of the guest(s) or injury to others.

I acknowledge and agree to pictures or 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: _____

Play Camp 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 or involved in play camp and connected activities, including risks related to equipment, condition of premises, staff actions, disease, upper respiratory infections, 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 WPVH, its staff, the trainers, other staff, other students, their family and dogs (hereafter known as "released parties"). I am participating voluntarily in Play Camp for enjoyment, with the knowledge of the potential risks. I assume known and unknown, risk of injury, death, property damage, that may result from my participation and Play Camp and connected activities.

I agree to release, indemnity, defend, and hold harmless all be "released parties" mentioned above, from all liability, the "participants", and other representatives and family, for all liability, claim, damaged, or demands for personal injury or death to me, and "participant" arising from a related to the capital a agreement, for participation in Play Camp 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: _____

Treatment/Services Authorization and Release

I, the undersigned owner or authorized agent of the guest(s) names on the reverse side of this agreement as well as the guests names on the Additional Guest Boarding Authorization Form, authorize and give consent to Winter Park Veterinary Hospital, it's doctors and staff to provide boarding services and/ or bathing and any other services requested on the reverse side of this agreement as well as on the Additional Guest Boarding Authorization Form to the guest(s). I understand that there are inherent risks and benefits involving these services, that I can ask questions until I am comfortable, and Winter Park Veterinary Hospital, it's 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 Winter Park Veterinary Hospital, it's doctors and staff to perform, and I agree to pay for, such medical and surgical treatments as necessary to preserve the life of the guest(s) until I can be contacted for further authorization.

I hereby release Winter Park Veterinary Hospital, it's doctors and staff from any and all claims, except claims of negligence, arising out of or connected with the performance of the boarding, walk, playtime, bathing, treatment and / or surgical services. I understand that anesthesia may be given, that it carries risks, 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 five days after written or oral notification has been made to me that the guest(s) are ready to be released from the hospital, I relinquish the guest(s) and Winter Park Veterinary Hospital is authorized to humanely dispose of the guest(s) unless I, the owner, or an authorized agent of mine, calls for the guest(s) and 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 attorneys fees, 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, leave time, bathing, medical and / or surgical services and that I understand the potential risks and benefits.

I, _____ have read the above information and confirm it is correct.

Signature: _____

Date: _____

Overnight Camping - Medical Services

Tech: _____

Owner Name: _____ Phone: _____

Camper: _____ Species: _____ Breed: _____

Veterinary Services : **General Boarding** **Therapeutic Boarding** **Tech-to-Care For** **TECH INITIALS:** _____

 Exam to board Annual Check up Deworming Fecal Test Other: _____

 Exam - Illness/Injury: _____ Vaccines : _____

 Preferred Doctor: _____

Depending on the schedule we cannot guarantee preferred doctor

 Would you say that your pet is in good general health? Yes No _____

 Does your pet have any adverse reactions or issues with taking any medications? Yes No _____

*****Epileptic/Seizure patients*** Please note that if your pet has a seizure in general boarding or overnight, there is no immediate staff at all times. If you are worried that your patient is at risk of a seizure while boarding, please let the staff member checking you in know.**

Initials: _____

Current Medications

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

Medical History Questions (If pet requires medical Exam)

 Is your pet acting normal? Yes No _____

 Eating ok? Yes No _____

 Drinking normally? This includes excessive drinking. Yes No _____

 Are stools and BM's normal? Yes No _____

 Any vomiting? Yes No _____

 Coughing or sneezing? Yes No _____

Do you have any concerns for your pet during their stay? _____

 Does your pet have food allergies? Yes No _____

*Please note the financial limit where you would like an estimate before diagnostics/ treatment. This does not include estimates for wellness services.

 \$100 \$200 \$300 \$400 500+

*It is important that we be able to reach you with medical information or questions. Please note your availability for a phone call and if there is another individual that is able to make medical and financial decisions on your behalf while your pet is boarding:

I, _____ have read the above information and confirm it is correct.

Signature: _____

Date: _____