



**Little Paws Loft Dog Registration**

**Pet's name:**  
**Weight:**

**Feeding Instructions:**

Own Supply (specify brand, dry, wet, other):  
 LPL Supply (complementary dry):

*Please specify measurements below (cups, teaspoon, tablespoon, etc.). If dry and wet food is given, please specify which measurement is for which.*

**Breakfast:**

**Lunch (if applies):**

**Dinner:**

When will your dog need to eat again? am \_\_\_\_\_ noon \_\_\_\_\_ pm \_\_\_\_\_

*\*REMINDER: All medications/supplements must be brought in the original container it came in with your pet's name, name of the medication, and the dosage clearly labeled.\**

Medication Name	Dosage	Frequency

*(Please ask a receptionist for price details)(Injection administration fees may vary)*

**When was the last time your pet had his/her medication?**

**When will your pet need their medication again?**

**How do you administer the medication at home (Examples: in cheese, wet food, peanut butter, etc.)?**

**Diabetic dogs: AM and PM schedule is as follows: feed at 7 and inject at 7:30.**

**Does your dog finish his/her food in the 1/2 hour time allotted prior to being injected?**

No \_\_\_\_\_ Yes \_\_\_\_\_

If not what amount is generally consumed? \_\_\_\_\_

**Medical Information:**

**Does your dog have any health issues (i.e. diabetes, arthritis, etc.)?** No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe:

**Does your dog have any allergies?** No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please specify:

**Have there been any changes to your pet's health or medical conditions since their last stay?**

**(Example: vomit, diarrhea, limping, surgery, etc.)** No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe:

**Pet's Name:**

**Does your dog require any special medication or treatment for the above condition(s)?**

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe:

**Does your dog have any incisions/sutures/staples?** No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe date, location, reason:

**Does your dog have any lumps, warts or growths that we should be aware of?** No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe and indicate location:

**Has your dog been treated with flea/tick medication within the last 30 days?** No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please indicate the name of the product and the date it was applied:

**Is your dog a shredder?** No \_\_\_\_\_ Yes \_\_\_\_\_

**Is your dog afraid of thunderstorms?** No \_\_\_\_\_ Yes \_\_\_\_\_

**Are there additional phobias/comments/concerns we should be aware of?** No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe:

**Optional Services:** Three 15 minute outside group play times are included in the price. You can add additional outside group play or inside alone snuggle time for an additional cost. See below for options and prices.

Added <b>group (outside)</b> play time:	Once Daily (\$7.50) _____	Twice Daily (\$15.00) _____	None _____
Added <b>alone (inside)</b> cuddle time:	Once Daily (\$7.50) _____	Twice Daily (\$15.00) _____	None _____

*\* If you are picking up your dog during the afternoon pick up time and wish to have their additional cuddle time(s) complete before going home, **please specify on your day of drop off.***

Do we have permission to **substitute alone cuddle time for group outside time** if we feel it would best benefit your dog or during peak season? Yes \_\_\_\_\_ No \_\_\_\_\_

**Daycare While Boarding (\$21 per day)** \_\_\_\_\_

Only for our CURRENT daycare dogs who participate in the program. All dogs participating in daycare while boarding are subject to "rest" times at the discretion of the attendants.

Which days would you like your dog to participate in daycare? Please specify if your dog does Little Paws daycare or Creekside daycare. Little Paws daycare M-F. Creekside camp daycare M-S.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**Grooming:**

Would you like your dog to get a bath and/or haircut on the **day of pick up**? Yes \_\_\_\_\_ No \_\_\_\_\_

If your dog is playing in daycare would you like your dog to go back out to play after grooming? (Please keep in mind weather conditions and pools out during summer time). Yes \_\_\_\_\_ No \_\_\_\_\_

*All pets that get groomed on the **last day of boarding** will only be charged for grooming on that day, and must be scheduled for an afternoon pick up time.*

**Pet's Name:**

**Your pet's health and happiness is our primary concern. If the animal attendants notice a medical problem they will attempt to contact your emergency number. An emergency contact number MUST be provided upon check-in. The emergency contact person MUST be an adult, capable of making decisions for you regarding your pet's health and able to be reached within the continental U.S. Please note that whomever you choose as your emergency contact they are authorized to make medical decisions for your pet. You will assume all financial responsibilities for approved medical services provided during your pet's stay. Should a life threatening (critical) medical condition occur during their stay and attempts to reach your emergency contact are unsuccessful medical decisions regarding your pet's care will be made by the doctor on duty. You will be responsible for all medical charges associated with the management of this event.**

**Emergency contact for this stay with us:**

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Client Signature

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Date



## Consent to Treat Form – Boarding Canine and Social Media form

**Account Number:**  
**Pet Name:**  
**Name:**  
**Address:**  
**Home Phone:**

We would like to know how to proceed if your dog develops one of the more common medical problems that can arise while boarding. Our primary concern is ensuring your dog's comfort and his/her ability to receive rapid medical treatment should problems occur. The common boarding ailments below describe what initial measures are taken by the staff to remedy the problem. Should your dog not respond to these initial measures, further treatment may be warranted.

### Common Boarding Ailments

### Initial measures taken for these ailments

Stress colitis (diarrhea)

Fecal analysis; switch to a bland diet. **My dog's diet can be altered. Yes\_\_ No\_\_**

Kennel nose/ kennel paw

Clean area, apply topical antiseptic

Hot spot

Clean and shave area; apply topical antiseptic

Ear Infection

Clean ears with a non-medicated cleaner

### **Please select from ONE of the following options:**

I give consent to have Muddy Creek take initial measures to treat my pet for these conditions should they occur:

\_\_\_\_\_ I give my permission to have Muddy Creek take initial measures to treat my pet for the above conditions or another urgent medical issue (as deemed by our medical staff) should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, I do not need to be contacted first.

\_\_\_\_\_ I give my permission to have Muddy Creek take initial measures to treat my pet for the above conditions or another urgent medical issue (as deemed by our medical staff) should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, I would like to be contacted first.

\_\_\_\_\_ I would like to be contacted before any measures are taken to treat my pet for any condition, including the ones listed above. I understand that if neither I nor my emergency contact is reachable, or if my emergency contact does not give permission to treat until I am reached, Muddy Creek will take the necessary steps to stabilize my pet and alleviate pain and discomfort until I am contacted.

The above conditions have been explained to me and I understand that I am responsible for all costs incurred for any exams, diagnostics and treatments provided.

Does your pet have any known drug or food allergies/ reactions? Yes\_\_ No\_\_

If "yes", please indicate suspect drugs or foods: \_\_\_\_\_

### **Please select whether you approve or decline to give us permission to use your pet's photos as outlined below:**

I hereby give Vetcor and Muddy Creek Animal Care Center permission to use photographs of my pet, on Facebook and other social media applications. I also grant permission for Vetcor to publish photographs of my pet for promotion of the organization in printed publications, photographic displays on the Vetcor web-site.

**Approve use**

**Decline use**

Client Signature \_\_\_\_\_

Date \_\_\_\_\_



## Boarding Contract

**Date:**

**Pet Name:**

**Account Number:**

**Client:**

**Address:**

**Home Phone:**

All animals are boarded, handled or cared for by us without liability on our part for loss or damage from disease, death, fire, injury to persons, other animals or property by said animals, or other unavoidable causes.

Each animal is insured up to \$2,000. Each occurrence is insured up to \$50,000.

If an animal becomes seriously ill, we will attempt to notify the owner or emergency contact person. In the event the owner does not immediately inform us of desired measures to be taken, or if the state of the animal's health demands immediate action, we reserve the right to have our veterinarians or those within the VetCor network of hospitals administer necessary medical treatments within our discretion or judgment. Such expenses shall be paid for by the owner upon dismissal of the animal.

Some exotic pets are considered prey animals and may become extremely stressed in a boarding environment. Although rare, such stress can lead to death in exotic pets. I understand and assume the risk associated with boarding exotic pets.

If an animal is not picked up within 30 days after the scheduled discharge date, it will be disposed of by us as we see fit. Notice in writing of such intent will be mailed to the owner by registered mail at the address given hereon. The owner shall be held liable for all charges.

We are not responsible for the loss or damage of any belongings, such as blankets or toys that are brought in with the animal.

The owner represents that he/she is the legal owner of said animal and that said animal is not mortgaged in any way. The above mentioned animal(s) has/ have not been exposed to distemper, parvo virus, rabies or kennel cough within the last 30 days.

I have read and been advised of common boarding ailments that may occur during boarding. I understand these protocols and the measures that will be taken should my pet become ill. I agree to pay all associated fees that may incur due to medical treatment provided by Muddy Creek Animal Care Center and/or Bulger Veterinary Hospital upon dismissal of my pet.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(owner or appointed guardian of animal)

This contract is legally binding and will be a part of the animal's permanent record.