# dr. grey’s play-n-stay

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| Pet Guests Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family Member Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact number while away \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian authorized to makeDecisions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where can we send pictures/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_videos | Check in Date TimePick Up Date TimeLocation(Hospital or PlynSty) |

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| Diet(if no preference we provide Science Diet Sensitive Stomach Kibble) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Feeding Schedule and AmountTreats and Schedule  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medication Schedule | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medication Schedule | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Personal Items Brought | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Play SchedulePlay in Groups/Small and/or Large Dog? (must have all vaccines current to board, at least start flu to play with dogs other than Dr. Grey’s)Solo/Family Only Play | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| Sleeping Schedule?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Walks ok? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Car rides ok? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
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I understand that should my pet(s) require medical care while boarding, I give my permission for transport to Carmel Mountain Ranch Veterinary Hospital or Animal Urgent Care of Escondido or other facility deemed by Dr. Grey to be adequate(if after hours), for said care. I assume financial responsibility for all charges incurred on behalf of my pet(s). I understand that Dr. Grey, Dr. Grey’s family members or hospital staff will attempt to reach me or my pet(s) appointed guardian listed above by phone. Dr. Grey, Dr. Grey’s family and Carmel Mountain Ranch Veterinary Hospital is hereby given disposition/adoption authorization of my pet(s) unless I, or my authorized agent pick my pet(s) up and pay all accrued charges for my pet(s) within 14 days after notification that my pet(s) is ready to be released from Dr. Grey’s Play-N-Stay or Carmel Mountain Ranch Veterinary Hospital or any Animal Urgent Care facility that was needed.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_