

(540) 943-7577

CEDARCREST

**HOURS: M-F 8-6 Sat 8-5
Sun (by appt.) 9-10 or 5-6**

Client Name: _____	Check-In Day: _____ Date: _____	Contact Number: _____
	Check-Out Day: _____ Date: _____	

May we contact you during your pet's stay? Yes No Preferred method of contact: Phone E-mail

<p align="center">Guest Registration</p> <p>Pet Name: _____ VIP member #: _____ Are there any medical conditions, limitations, or unusual behavior patterns that we should be aware of? _____</p> <p>What type of heartworm prevention is your pet currently on? _____</p> <hr/> <p align="center">Clinic Services</p> <p>Please indicate health care services to be performed during your pet's stay:</p> <p><input type="checkbox"/> Pedicure <input type="checkbox"/> Bath <input type="checkbox"/> Fecal Test <input type="checkbox"/> H/L/E/A Test <input type="checkbox"/> Exam <input type="checkbox"/> _____ <input type="checkbox"/> Vaccinations _____</p> <p align="center">Meal Plan</p> <p><input type="checkbox"/> CEDARCREST Meals 2 times/day <input type="radio"/> Standard <input type="radio"/> Premium <input type="radio"/> Prescription _____</p> <p><input type="checkbox"/> Own food: _____</p> <p align="center">Special Services</p> <p><input type="checkbox"/> Daily Play Session <input type="checkbox"/> Extra Daily Walk <input type="checkbox"/> Daily Quiet Care <input type="checkbox"/> Daily Brushing <input type="checkbox"/> Daily Yappy Hour <input type="checkbox"/> Water Play _____ <input type="checkbox"/> Birthday Bash <input type="checkbox"/> Plush Bedding <input type="checkbox"/> Bedtime Massage <input type="checkbox"/> _____</p> <hr/> <p>Canine Country Club Accommodations: Package: <input type="radio"/> Suite Cam <input type="radio"/> Health Spa Getaway <input type="radio"/> Cloud Nine <input type="radio"/> Canine Caper <input type="radio"/> Yuppy Puppy <input type="radio"/> _____ <input type="radio"/> Pretty Pooch/Handsome Hound</p>	<p align="center">Guest Registration</p> <p>Pet Name: _____ VIP member #: _____ Are there any medical conditions, limitations, or unusual behavior patterns that we should be aware of? _____</p> <p>What type of heartworm prevention is your pet currently on? _____</p> <hr/> <p align="center">Clinic Services</p> <p>Please indicate health care services to be performed during your pet's stay:</p> <p><input type="checkbox"/> Pedicure <input type="checkbox"/> Bath <input type="checkbox"/> Fecal Test <input type="checkbox"/> H/L/E/A Test <input type="checkbox"/> Exam <input type="checkbox"/> _____ <input type="checkbox"/> Vaccinations _____</p> <p align="center">Meal Plan</p> <p><input type="checkbox"/> CEDARCREST Meals 2 times/day <input type="radio"/> Standard <input type="radio"/> Premium <input type="radio"/> Prescription _____</p> <p><input type="checkbox"/> Own food: _____</p> <p align="center">Special Services</p> <p><input type="checkbox"/> Daily Play Session <input type="checkbox"/> Extra Daily Walk <input type="checkbox"/> Daily Quiet Care <input type="checkbox"/> Daily Brushing <input type="checkbox"/> Daily Yappy Hour <input type="checkbox"/> Water Play _____ <input type="checkbox"/> Birthday Bash <input type="checkbox"/> Plush Bedding <input type="checkbox"/> Bedtime Massage <input type="checkbox"/> _____</p> <hr/> <p>Canine Country Club Accommodations: Package: <input type="radio"/> Suite Cam <input type="radio"/> Health Spa Getaway <input type="radio"/> Cloud Nine <input type="radio"/> Canine Caper <input type="radio"/> Yuppy Puppy <input type="radio"/> _____ <input type="radio"/> Pretty Pooch/Handsome Hound</p>	<p>PET NAME: _____</p> <p>Is your pet taking medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you bring the medication to be given? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate how each medication is given:</p> <p>Medication #1: _____ Strength: _____ (mg/g) Last Given: _____ Instructions: _____</p> <p>Medication #2: _____ Strength: _____ (mg/g) Last Given: _____ Instructions: _____</p> <p>Special Notes: _____</p> <hr/> <p>PET NAME: _____</p> <p>Is your pet taking medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you bring the medication to be given? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate how each medication is given:</p> <p>Medication #1: _____ Strength: _____ (mg/g) Last Given: _____ Instructions: _____</p> <p>Medication #2: _____ Strength: _____ (mg/g) Last Given: _____ Instructions: _____</p> <p>Special Notes: _____</p>
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ACC _____ Serv _____ Clinic _____ Rx _____

PRIMARY CARE VETERINARIAN: CEDARCREST Other _____

♥ Guest services are available for healthy pets. If, during this visit, your pet requires medical treatment or vaccinations, the service will be provided and added to your invoice. Guests must also be free of parasites. If parasites (i.e. fleas, ticks, etc.) are detected, treatment will be provided and added to your invoice.

OTHER PERSONS AUTHORIZED TO PICK UP YOUR PET(S): _____

Signature: _____ **Date:** _____