



Bull's Head
Pet Hospital

Treating your pets like
our own since 1975

BULL'S HEAD PET HOSPITAL PET LODGING CONSENT FORM

Check In Date & Approximate time: _____

Check Out Date & Approximate time: _____

Owner's Name: _____ Date: _____

Your Phone _____ Your Email: _____

Your Emergency Contact Phone _____

Your Emergency Contact Email Address: _____

As a convenience for our clients, we offer **Pet Lodging Packages** (Canine package rate: \$40 per night, regular rate: \$49 per night). Please select if you are interested in purchasing one:

Canine: 10 nights (\$400)

Canine: 20 nights (\$720)

Feline: 5 nights (\$155)

Medical Boarding \$69 per night

Decline Pet Lodging Package

Please note: Packages must be bought prior to stay or upon admittance. Packages have a one year expiration from purchase date and are not transferable. (For one pet only. Cannot be shared between pets.)

I authorize a bath, pedicure and brush out of my pet(s):

Yes - discount bath (after nights 1-4)

Yes - complimentary bath (5 nights or more)

No bath

Discount baths will range from \$28-\$54 depending on the weight of your pet. Extra brushing, if deemed necessary based on your pet's coat condition, will be an additional fee of \$10 for every extra 15 minutes required.

DISCLAIMER

- All pets admitted should BE CURRENT ON THEIR PHYSICAL EXAMS (within the last six months) AND VACCINES recommended for Pet Lodging.
- Please be advised, as of 7/1/11 all Pet Lodging and Grooming will be taxed 6.35% per new CT legislation.

I have read the **DISCLAIMER** above and agree to its terms. Yes

PET 1 INFORMATION	PET 2 INFORMATION	PET 3 INFORMATION
Name _____	Name _____	Name _____
Species _____	Species _____	Species _____
Breed _____	Breed _____	Breed _____

Feeding Instructions
PLEASE INDICATE: Regular or Prescription Diet, Brand of Food, Amount of dry/canned food per meal, Frequency of feeding (breakfast, lunch and/or dinner), Special Instructions (Prescription Diets must be provided by owner). If this doesn't apply please write "not applicable".

Pet 1 _____ _____ _____ _____ _____	Pet 2 _____ _____ _____ _____ _____	Pet 3 _____ _____ _____ _____ _____
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Medications
PLEASE INDICATE: Medication name, Dosage (milligrams/mg), Dosage instruction (number of pills), Frequency (# of times a day), Last time given. If this doesn't apply please write "not applicable".

Pet 1 _____ _____ _____ _____ _____	Pet 2 _____ _____ _____ _____ _____	Pet 3 _____ _____ _____ _____ _____
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Medical Issues
Please let us know if there are any medical issues your pet may have (vomiting, diarrhea, not eating, itching, etc). Pets with a new medical issue should be seen by a doctor prior to pet lodging. If this doesn't apply please write "not applicable".

Pet 1 _____ _____ _____ _____ _____	Pet 2 _____ _____ _____ _____ _____	Pet 3 _____ _____ _____ _____ _____
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