



Hefner Road Animal Hospital
Robert Purvis, DVM

Camp Registration

Arrival Date _____ Departure Date _____

Owners Name _____ Phone # _____

Pet's Name _____ Cell Phone # _____

Special Instructions Medications Food, Toys, Etc.

2nd Pet's Name _____

Special Instructions Medications Food, Toys, Etc.

Emergency Contact _____

Are you authorizing someone else to pick up your animal(s)? Who?

Would you like additional playtime for your pet at \$6.90 per day? This consists of one 10 minute session in our outside playground.

Yes _____ No _____

If you would like your pet to have a bath or groom please fill out a grooming sheet.

Are there additional procedures you would like your pet to have during his/her stay?

Please complete other side

Please check the level of care we should furnish if a medical emergency should occur:

- _____ 1. Contact owner before anything is done.
- _____ 2. Treat up to \$150.00 with procedures the Doctor deems necessary and try to contact the owner.
- _____ 3. Do whatever is deemed necessary by the Doctor and try to contact the owner.

Does your pet eat dry food - what kind _____ how much _____, how often _____ or canned food - what kind _____ how much _____, how often _____?

All vaccinations must be current for camping. This is necessary to prevent the spread of infection and disease. In addition all animals must be free from internal and external parasites. Please sign below to authorize this level of care. The appropriate charges will be added to the discharge invoice.

ALL PETS WITH FLEAS WILL BE GIVEN COMFORTIS

Signature of owner or responsible party

We cannot be responsible for collars and leashes. Please take these home with you.