

FELINE CLIENT INSTRUCTION RECORD

TODAYS DATE: _____

Arrival Date: _____

Departure Date: _____

CABIN NUMBER: _____

Client ID:		Patient ID:	Weight: lbs
<u>Name:</u>		<u>Name:</u>	
Address:		Species:	
	, _____	Breed:	Age:
Telephone:		Sex:	
		Color:	

When was your pet last fed ? _____ - Time

Does your pet have any food allergies: YES _____ NO _____ If Yes: (Please List) _____

IS YOUR PET SCHEDULED FOR ANY MEDICAL PROCEDURE AT AEVH? _____

Own Food?

House Food?

BREAKFAST- PLEASE FEED:(Please List Quantity)

NOON PLEASE FEED:(Please List Quantity)

DINNER PLEASE FEED:(Please List Quantity)

OTHER:(Please List Quantity)

Animal Lodge serves (Science Diet Adult) :

Does your pet have a history of chewing on bedding, towels, plastics etc:

If Yes: (Please List) _____

NO: _____

SPA OPTIONS

EXCERSIZE OPTIONS

<p>Nail Trim \$15.65 (Per Pet) Yes: ___ No: ___</p> <p>Date: _____</p>	<p style="text-align: center;">Out and About the Cabin</p> <p style="text-align: center;">As a part of your stay your pet will enjoy 1 hour complimentary cabin play. Your pet will have fun with our toys and obstacles! They will not be playing with other pets.</p>
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Client Signature: _____

Employee Initials: _____

TODAYS DATE: _____