

# Northern Colorado Pet Resort

at

Wellington Veterinary Clinic, P.C.  
7837 6<sup>th</sup> Street  
Wellington, CO 80549  
(970) 568-PETS (7387)

## CLIENT & GUEST INFORMATION:

Client's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_ City/St/ZC: \_\_\_\_\_  
Species: \_\_\_\_\_ Gender: \_\_\_\_\_ Home #: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Work #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Cell #: \_\_\_\_\_

## MEDICAL & BEHAVIORAL HISTORY:

*For your pet's protection, proof of current vaccinations & monthly parasite control is required.*

Rabies: \_\_\_\_\_ DA2PPV (canine only): \_\_\_\_\_  
FVRCP(feline only): \_\_\_\_\_ Bordetella (canine only): \_\_\_\_\_  
Dewormer/Parasite Control: \_\_\_\_\_

Has your pet ever shown aggression to people or animals?      YES      NO  
Has your pet ever shown possessiveness towards food or toys?      YES      NO  
Is your pet currently on any medications?      YES      NO  
Has your pet been ill in the last 30 days?      YES      NO

If yes, please explain (list medications on next page): \_\_\_\_\_

## OTHER ACCOMMODATIONS & SERVICES:

*All guests staying at the Northern Colorado Pet Resort receive a complimentary technician health assessment.  
Canine guests are also treated to a bath and a nail trim.*

## I WOULD ALSO LIKE THESE ADDITIONAL SERVICES PROVIDED DURING MY PET'S STAY:

Microchip Insertion       Dental Cleaning       Heart Worm Test  
 Anal Gland Expression       Professional Grooming       Other: \_\_\_\_\_

## EMERGENCY CARE:

*I hereby grant the Wellington Veterinary Clinic permission to treat any medical problems that arise, and authorize up to \$\_\_\_\_\_ in treatment until myself or my authorized agent noted can be reached. If medical problems arises that require 24 hour care, which emergency veterinary hospital would you like your pet taken to? (please circle one)*

**Colorado State University      -or-      Veterinary Emergency Hospital**

## VACATION INFORMATION:

Check-in Date & Time: \_\_\_\_\_ Check-out Date & Time: \_\_\_\_\_  
Suite Type: \_\_\_\_\_ Nightly Rate: \_\_\_\_\_  
Belongings: \_\_\_\_\_

*Will anybody besides yourself, or an immediate family member be picking up your pet? If so please list:*

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FEEDING & MEDICATION INSTRUCTIONS (please select one):**

My pet will eat food from home. Pet food name: \_\_\_\_\_

My pet will eat iVet Gourmet food, provided by the Northern Colorado Pet Resort.

# of feedings per day: \_\_\_\_\_ Amount per feeding: \_\_\_\_\_ OK to give treats? \_\_\_\_\_

*If your pet is currently on any medications, please list below:*

<i>Medication</i>	<i>Dose and Frequency</i>	<i>Next Dose At</i>

**BEDDING (dogs only, please select one):**

I would like for my pet to have a raised bed (cot) during his/her stay. I understand if my pet chews the cot and/or its cover a replacement fee of \$30.00 will be charged to my account.

I would prefer that the Northern Colorado Pet Resort provide comfortable blankets as bedding.

I would prefer my pet to have his/her own bedding (owner supplied).

**PERMISSION TO PLAY WITH OTHERS (by selecting "YES", you agree to assume full financial responsibility in the unlikely event that a problem were to arise):**

DOES YOUR PET HAVE PERMISSION TO PLAY WITH OTHERS? YES \_\_\_\_\_ (initial) NO \_\_\_\_\_ (initial)

**EMERGENCY CONTACTS:**

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

**This contract is subject to the provisions of C.R.S. 12-64-115(Abandonment of Animals), which reads:**

a) Any animal placed in the custody of the a licensed veterinarian for treatment, boarding, or other care which is unclaimed by its owner or his agent for a period of more than ten days after written notice, by certified mail, return receipt requested, is given to the addressee only at his last known address shall be deemed to be abandoned and may be turned over to the nearest humane society or animal shelter or disposed of as such custodian may deem proper.

b) The giving of notice to the owner, or the agent of the owner, of such animal by the licensed veterinarian, as provided in subsection (1) of this section, shall relieve the licensed veterinarian and any custodian to whom such animal may be given of any further liability for disposal. Such procedure by the licensed veterinarian shall not constitute grounds for disciplining procedure under this article.

c) For the purpose of this article, the term "abandoned" means to forsake entirely, or to neglect or refuse to provide or perform the legal obligations for care and support of an animal by its owner, or his agent. Such abandonment shall constitute the relinquishment of all rights and claims by the owner to such animal.

**I understand that I am fully responsible for any expenses incurred by my pet while in the care of The Northern Colorado Pet Resort and such expenses will be due and payable in full upon check out of my pet. I further understand that if my pet exhibits aggressive behavior, which endangers our staff and/or fellow guests, you will be notified to pick up your pet immediately.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #'s where I can be reached: \_\_\_\_\_