

## Animal Kingdom Veterinary Hospital Guest Reservation

Pet's Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
First name Last Name

Check In \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Check Out \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

We take pride in providing quality care and personal attention to your pet during his/her stay.



Medication AM N PM Special Instructions

	AM	N	PM	



Meal Plan

- Dry     Wet     Both  
 AM     Noon     PM

Amount:

- My pet's personality:  
 Escape Artist  
 Aggressive  
 Tail Wagger  
 Towel Chewer  
 Face Washer  
 Cage Protective  
 Leash Biter  
 Food Aggressive  
 Storm Anxiety

I would like my pet to receive the following services:

- Update Vaccinations  
 Bordetella   
 Heartworm Test   
 Intestinal Parasite Exam  
 Bath   
 Nail Trim   
 Groom   
 Ear Cleaning   
 Express Anal Glands  
 Dental Cleaning   
 Microchip   
 Physical Exam   
 Senior Wellness   
 Junior Wellness

I understand that my pet must be current on all vaccinations and be free of fleas and ticks. Any required vaccinations, examinations, and/or flea treatment will be provided and charged to the owner.

I understand that no guarantee of successful treatment is made. I accept financial responsibility for the treatment of my pet. I understand that payment is due upon release of my pet from the hospital or when services are otherwise discontinued.

I hereby and consent and authorize Animal Kingdom Veterinary Hospital to receive, prescribe for, or provide treatment for my pet.

**Due to an increasing number of pets not being picked up on their specified date, we have had to implement a \$25 per day per pet late pickup fee for any animal not picked up by closing on the specified date. There is no penalty for early pickup. Please ask us if you have any questions about this policy.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date