



Hill Country
Veterinary Hospital

Hill Country Veterinary Hospital
1409 W. Whitestone Blvd
Cedar Park, TX 78613

CANINE RESERVATION FORM

<p>Client Information</p> <p>Owner Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p>Emergency Contact</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Alt. Phone: _____</p>
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Please list the names of others who are authorized to pick up your dog(s):

- 1.) Name: _____ Relationship: _____
- 2.) Name: _____ Relationship: _____

Arrival Date	Departure Date	Pick up Time (30 min window)

PET GUEST INFORMATION

Dog's Name: _____ Age: _____ Breed: _____

Known Allergies: _____

FEEDING INFORMATION:

Food (please circle one) *Own(From home)* *In-House Kibble (Royal Canin GI)*

Morning Amount: _____ Evening Amount: _____

If your dog is not eating, may we mix in some low fat wet food? (circle one) Yes No

MEDICAL INFORMATION

1. Has your dog had any of the following in the last 30 days? Please circle those that apply.

Coughing Sneezing Vomiting Diarrhea Rash Ear Issues Eye Issues

2. Is your dog currently taking any medications? Yes* No

****If yes, please complete the Medication Addendum on the back of this form.***

PLAYCARE

Would you like your dog to participate in playcare during his/her stay? Yes No

BELONGINGS

Please list all items that you brought with your dog that should be returned to you upon pickup:

Hill Country Veterinary Hospital is to use all reasonable precautions against injury of your pet. The staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand any problem that develops with my pet while I am absent will be attempted to be communicated to me and will be treated as deemed best by the veterinarian and I assume full responsibility for any cost. If my pet cannot safely adapt to the group play environment, they may be placed in their suite and given individual play time. I agree to allow the use of my pet's name and any images, including photos or videos of my pet taken while at Hill Country Veterinary Hospital to be used at any time on any media/materials associated with the Hospital.

Signature: _____ **Date:** _____

All pets will be given Capstar flea prevention upon entering Upper Paw to ensure the safety of all our pets.

For Pet Resort Use Only:

Reviewed by: _____

Checked-in by: _____



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Canine Character Profile

Your Name: _____

Pet Name: _____

Contact Phone Today: _____

Email: _____

History	
Origin of Dog (rescue group, breeder, etc.)	
Length of Ownership	
Other Pets in Home (age, gender, etc.)	
Other People in Home (include ages)	
Ever escaped/ jumped fence?	
Ever bitten a human?	
Ever had an aggressive incident towards another dog?	

Health	
Any known food allergies?	
Any <i>other</i> known allergies?	
Allowed to have treats?	
What brand of food do they eat and how much?	
On any medications? If so, please list.	
Any major health concerns or medical issues?	
On flea/tick preventative?	

Behavior	
Overall temperament?	
Go to dog parks?	
Any specific dislikes?	
Regular exercise? What type?	
Fears?	
Crate trained?	
House trained?	
Favorite toys/ activities	
Areas on body he/she does not like to be touched?	

I have read the policies and procedures of Hill Country Veterinary Hospital. I release HCVH from liability and I have Hill Country Veterinary Hospital permission to medically treat my dog as necessary. I understand that I am responsible for all medical billing associated with such treatment. I also understand the risks of communal socialization and despite reasonable care, unpredictable dispositions of dogs can sometimes lead to injury. _____(initial)



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Medication Addendum

All prescription medications must be brought in their original bottles/packaging with the prescription labels still attached and legible. Over the counter medications and supplements do not require prescription labels. Please ensure you have enough medication for the duration of your pet's stay. If you are a client of Hill Country Veterinary Hospital, refills can be acquired during your pet's stay. Hill Country Veterinary Hospital is not able to administer intravenous medications other than insulin.

Medication/Supplement	Given (circle all that apply)	Dose	Instructions (w/ food, in pill wrap, etc)
	AM MID PM		

Additional instructions/information: _____

Please list any medications already given today:

- _____
- _____
- _____
- _____
- _____
- _____