

**Ranchwood Veterinary Hospital**

**PET RESORT**

**Boarding & Day Care services**

**10505 S. Santa Fe Ave.**

**Oklahoma City, OK 73170**

[**www.ranchwoodvet.com**](http://www.ranchwoodvet.com)

**info@ranchwoodvet.com**

**Client Information:**

**Owner’s Name:**

**Home Address:**

**Phone Number:**

**Secondary Number:**

**Owner’s E-Mail Address:**

*By providing your email address you will be able to access your pet’s medical records at home through our online pet portal with Vitus Vet..*

**Pet Information:**

**Pet’s Name: [ ] Canine [ ] Feline**

**Breed: Color:**

**Age/Birthday: Approximate Weight: lbs**

**Sex: [ ] Male [ ] Female Spayed or Neutered [ ] Yes [ ] No**

**Pick-Up/Drop-Off:**

**Pick-ups and drop-offs are done during regular business hours.** Drop-Off Date:

**Mon-Fri 8:45 a.m. to 5:00 p.m.** Pick-Up Date:

**Food:**

**Will you be providing food for your pet? [ ] Yes [ ] No**

Type**: Amount: Frequency: [ ]**

If you selected “No,” your pet will be fed Science Diet Sensitive Skin and Stomach pet food twice a day provided by the Pet Resort at no additional cost.

**Medications:**

**Is your pet currently taking any medications? [ ] Yes [ ] No**

*Please make sure that all medicine packaging be clearly marked and labeled with the pet’s name and type of medication.*

Drug Name: Strength: Frequency:

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**Grooming and Baths**

**Does your pet need to be bathed while it is here? [ ] Yes [ ] No**

*\*\*Baths will incur additional charges depending on breed and coat type of pet.*

**Additional Treatments:**

Do you have any medical concerns about your pet? We would be more than happy to perform a medical exam, heartworm test, laboratory tests, or a geriatric screening during your pet’s stay. Please list any treatments you would like to have performed. Dental procedures or surgeries must be confirmed and scheduled with a receptionist prior to boarding. Medical exams and treatment will incur additional charges. Please request a treatment estimate before authorizing charges.

**Behavior (dogs only):**

**Is your pet a fence jumper? [ ] Yes [ ] No**

**Is your pet a digger? [ ] Yes [ ] No**

**Does your pet exhibit aggressive behavior towards people or other animals? [ ] Yes [ ] No**

**Does your pet have any destructive behaviors (chewing bedding, etc.)?** **[ ] Yes [ ] No**

**Emergency Contact Information:**

**In the event that your pet becomes ill while in the care of Ranchwood Veterinary Hospital (RVH), I authorize Dr. McNeal and/or agents to administer treatment as is considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetics, as are necessary and surgical procedures on an emergency nature at my expense. I will leave an emergency contact number (if available) so that an attempt can be made to contact me prior to treatment, should medical and/or emergency surgical care be required.**

[ ] I authorize treatment if needed.

[ ] Contact me prior to treatment.

**Emergency Contact Number:**

**Required Health and Vaccinations:**

**We require that all pet guests staying with Ranchwood be current on their vaccinations. Proof of vaccination and deworming by a licensed veterinarian is required prior to arrival. For dogs, this includes Kennel Cough (Bordetella), Distemper-Parvo (DHLPP/DAPP), Rabies, Canine Influenza and an annual deworming prior to arrival. For cats, this includes FVRCP, Rabies, and an annual deworming prior to arrival. Any and all pets not current on vaccinations will be treated at the owner’s expense.**

**We require all pet guests be clear of external parasites including but not limited to fleas, ticks, mites and lice. If fleas or ticks are discovered on your pet, then the animal will be treated at the owner’s expense.**

**[ ] I have read and agree to the terms and conditions of this document**

Owner or Owner Agent’s Signature