



# Carlisle Veterinary Clinic

## ReTREAT and Cat Condo Board

We are so excited to provide an excellent vacation for your pet! Please complete this form so that we may provide the best individualized care for their stay with us.

### INFO

Owner Name \_\_\_\_\_ Owner Address \_\_\_\_\_  
 Owner Email \_\_\_\_\_  
 Owner Phone Numbers: Cell \_\_\_\_\_ Other \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Pet Name	
Breed	
Color	
Pet Name	

**CHECK IN DATE:** \_\_\_\_\_  
**CHECK OUT DATE:** \_\_\_\_\_

Breed	
Color	
Pet Name	
Breed	
Color	
Pet Name	
Breed	
Color	

### REQUIREMENTS

#### REQUIRED VACCINATIONS and PREVENTATIVES:

#### CATS

#### DOGS

- Rabies
- FVRCP
- Intestinal Parasite Screening

- Rabies

- Distemper/Parvo

- Bordetella
- Intestinal Parasite Screening

Proof of current intestinal parasite screening, Rabies, Distemper/Parvo and Bordetella vaccines is required.

If vaccinations and/or screening tests are not current, or if proof of vaccination and testing has not been received within 24 hours of check-in, a qualified CVC staff member will administer the necessary tests and/or vaccinations.

If administered, the cost of these vaccinations and test will be added to your final invoice.

I, \_\_\_\_\_, have read the above information. I understand the conditions in which CVC will administer the required vaccinations and testing at an additional cost to me, the owner.

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



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## ReTREAT and Cat Condo Board

Our guests are fed twice daily unless otherwise specified. We are happy to feed your pet's own diet or our house diet.

- Feed CVC house diet (Hill's i/d)
  Feed the food I have provided

If feeding your personal diet, specify amount and frequency: \_\_\_\_\_ cups \_\_\_\_\_ times/day

We love to give treats, but we know each dog and cat has specific needs.

- My pet can have treats
  Please do not feed my pet treats

We are happy to administer your pet's medications with the same care that we give our hospitalized patients. We ask

MEDICATION NAME AND STRENGTH	INSTRUCTIONS

that all prescription medication be in the original packaging/vials you received from your veterinarian.

- My pet does **NOT** need medication during his/her stay – skip to next section.



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## ReTREAT and Cat Condo Board



We want your pet to have all the comforts of home. Personal items are always welcome; however, CVC is not liable for any items that may be damaged or lost during your pet's stay.

Personal Items Brought:

Your pet will get the best care while staying with us! Help us enhance your pet's stay by choosing an option below!

### TREAT

- Bedtime Snack** (CET Chew or treat before bedtime): \$5/night  
Please give \_\_\_\_\_ bedtime snacks during my pet's stay.
- Extra Walks:** \$10/Walk  
Please take my dog on \_\_\_\_\_ extra walks during his/her stay. Walks will be evenly distributed throughout your pet's stay
- Playtime:** \$10/15 minute session  
Please give my dog extra playtime \_\_\_\_\_ times during his/her stay.
- Cuddle Time:** \$10/15 minute session  
Please cuddle with my dog \_\_\_\_\_ times during his/her stay.

### DO

- Playground Excursion:** \$10/30 minute excursion  
Please give my cat \_\_\_\_\_ excursions during his/her stay
- Cuddle Time:** \$10/15 minute session (Staff member will accompany your cat in the sunroom for play and cuddles!)



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Spa services will be performed on the last day of your pet's visit

- Pedicure: \$20
- Brushing: \$25
- Ear Cleaning: \$25
- Anal Gland Expression: \$25
- Bath (Canine only)

40lbs or under: \$50

40.1lbs or over: \$60

ADDITIONAL INFORMATION

Please let us know if there is anything we can do to help make your pet's stay more enjoyable!