



7515 Brooklyn Bridge Road
Laurel, MD 20707
Main: (301)575-5700

Resort Check In Form

Owner Details

Client Name:

(Last) (First)

Phone Number:

(Primary) (Secondary)

Email:

Emergency Contact:

(Name) (Phone Number)

Is your Emergency Contact able to make decisions on your behalf?

Yes No

Patient Details

Pet's Name:

Pet Type:

(Species)

(Breed)

Pet's Age:

Pet's Weight:

Pet's Sex:

(Check one)

Male

Male Neutered

Female

Female Spayed

Unknown

Health Concerns:

(Please specify)

**Feeding
Instructions:**

Food to be provided by
Owner

Food required from
Resort

Quantity of food needed & how often:

Check for consent to mix dry food with wet food
provided by the Resort if your pet has trouble eating.

Next Feeding Due:

(Date)

(Time)

Dates of Stay

(From)

(To)

Medications

Below please state current medications, dosage, frequency, last time given and if refrigeration is required (Y or N).

A \$10.00 per day per dog administration fee applies. Medications must be in original packaging and match the prescription.

Special Instructions

Example: Jumper, chews bedding, ok to walk with others, tips, etc.

Special Instructions:

Personal Items:

We recommend that personal items are not brought in. A liability waiver will need to be signed in the event items are brought in.

[See our liability waiver.](#)

Allergies:
(Medication or Food)

Appointments:
(Daycare and/or
Grooming)

A \$20.00 per day, per dog fee applies to Doggy Daycare.

Lodging Agreement

Rocky Gorge Animal Hospital, Resort and Spa agrees to keep premises sanitary and properly enclosed. Pet(s) will be fed, watered regularly, and housed in safe, and clean quarters.

The services provided are done so without liability for loss or damage from disease, death, running away, theft, fire and from injury or damage done by animals to people, other animals, property, or unavoidable circumstances. Diligence and care have been exercised in preparing a safe facility for pets. The undersigned releases Rocky Gorge Animal Hospital Resort and Spa, its owners, and employees from all risks and damages, which may occur during lodging. Employees reserve the right to separate or move above pets to another area of the facility, should they deem it necessary, and will notify the pet owner as soon as possible.

We will not release an animal to someone other than the owner without prior authorization from the owner. No pet shall be released until all charges are paid in full. The pet owner agrees to notify resort staff in advance if there is any change in the departure date and time. Any pet left unclaimed for seven (7) days from the scheduled date of pick up shall become the property of Rocky Gorge Animal Hospital Resort and Spa. Fees incurred from the care of unclaimed pets will be turned over to collections.

The pet owner or their agent agrees to pay reasonable legal fees and costs incurred by Rocky Gorge Animal Hospital Resort and Spa in the collection of outstanding bills. The owner or their agent also agrees to pay for any site damages beyond normal wear and tear incurred by their pet(s).

Medical Illness Policy

Should your pet become ill or need medical attention, our doctors will treat your pet for those issues immediately. In the event of potentially serious medical issues, we will attempt to call emergency numbers listed above, regarding your pet's symptoms, treatment options, and estimate of costs. If we find no one can be reached and your pet(s) require(s) treatment to relieve immediate discomfort or to resolve an important medical or surgical condition, we request that your wishes be indicated below.

Read carefully the following authorizations, then select one of them by checking the box below.

- Please perform whatever the doctor deems necessary for the best care of my pet until I can be reached.
- I authorize up to (specify amount below) in medical care for my pet(s) until I can be reached. Specify amount here in USD dollars: _____

As we are a medical facility devoted to providing state-of-the-art medical care to pets, it is our policy that non-treatment of an illness is **not** an option. The provisions in this agreement apply to all occasions of pet lodging by the undersigned at Rocky Gorge Animal Hospital Resort and Spa.

Payment Terms

The owner will be charged for the day the pet is admitted. If the pet is picked up before 10:00am the day of discharge, there will be no charge for that day; between 10am and 4pm, a late charge of \$20.00 will apply; and after 4pm, an additional night's charge will apply. The Resort Desk is open for drop-off and pick-up Monday through Friday 7am - 8pm, Saturday 7am-4pm, and Sunday 7am - 12pm. Full payment is required when the pet is released.

- I understand and agree to all payment terms.

Rocky Gorge Animal Hospital Resort and Spa Healthy Pet Protection Program

Rocky Gorge Animal Hospital Resort and Spa offers **additional coverage at \$25.00 per pet, per stay for up to \$1,000.00 coverage of services** performed in our hospital if your pet becomes ill or is injured while lodging. The \$25.00 is reserved for stays of 14 days or less. *If your pet's stay is longer than 14 days, there is an additional fee that would be assessed and agreed upon prior to the stay.

Inclusions:

- Courtesy examination and diagnostic and/or treatment expenses, provided by a RGAH licensed veterinarian and/or RGAH technician only.
- Illness or injury arises as a direct result of the pet's stay at RGAH Resort and Spa.
- Coverage for illness/injury for the duration of the stay* and up to 48 hours after your pet is checked out from our facility.

Exclusions:

- Pre-existing conditions or injuries
- Illness or consequence when pets are boarded together at the owner's request and injure each other
- Owner insistence on boarding with non-approved toys or bones
- Self-inflicted injuries (including but not limited to: broken teeth from biting at gates/doorways, broken toenails from jumping on gates / doorways, self mutilation due to stress or attempts to escape)
- Internal or external parasite treatments
- Nail trims
- Natural disasters

I elect for the additional coverage at \$25 per stay.

I decline the additional coverage. I understand that I will be charged appropriately for services provided up to the pre-authorized limit if I, or my emergency contact, cannot be contacted.

Signatures

Owner Signature:

Owner Name:

(Printed)

Date:
