



Rocky Gorge Animal Hospital
7515 Brooklyn Bridge Road
Laurel, MD 20707
Main: (301)776-7744
Fax: (301)776-1575

Resort Check In Form

Client Name: _____	Patient: _____
Address: _____ _____	Species: _____
Email: _____	Breed: _____
Phone Number: _____	Sex: _____
	DOB: _____
Please verify all client and patient information is correct.	Color: _____
Please initial to confirm all is correct.	Weight _____

Please provide phone number(s) where you may be reached at ALL times while your pet is in our care.

1. _____ 2. _____

Emergency contact name & number: _____

Medical alerts/Health concerns:

Feeding Instructions: *Please be aware that the Resort will not feed raw diets.*

- Food to be provided by owner
- Food required from Resort (chicken based diet only)

Quantity of food needed & how often: _____

When is the next feeding due? List date & time: _____

- Check for consent to mix dry food with wet food provided by the Resort if your pet has trouble eating.
- Check for consent for the Resort to provide food if the food you provided has run out.
- Allergic to chicken. Do not feed Resort food.

Date(s) of stay: _____

Owner's Name: _____ Patient's Name: _____ Date: _____

Allergies (Medications/food/etc)

Medications/Supplements:

- * Medication must be sent in the original manufacturer's package or pharmacy labeled bottles.
- * Do not use daily pill boxes, add to daily meals, prepare in a treat to be given or any other way.
- * Over-the-counter medications, including vitamins and supplements, must be in original containers.
- * Be sure there is enough medication necessary for the duration of your pets stay.
- * Expired medication/bottles will NOT be accepted.

List all medications, including dose, frequency, when was last dose of each medication was given and each is due next. Please document if refrigeration is required.

A per day, per dog administration fee applies.

Special Instructions

Examples: jumper, cage diver, escape artist, chews bedding, ok to walk with others, etc

Personal Belongings: *We are not able to accept any personal belongings besides rubber Kong toys or hard Nylabone chew toys. We appreciate your understanding.*

Additional Services: Daycare, exit bath, nail trim, etc;

Additional service charges will be applied to the final invoice

Owner's Name: _____ Patient's Name: _____ Date: _____

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: \$ _____

**Must be a minimum of \$198.00 for ER visit/exam to assess*

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.

Owner's Name: _____ Patient's Name: _____ Date: _____

Payment Terms

The owner will be charged for the day the pet is admitted. If the pet is picked up before 12:00pm the day of discharge, there will be no charge for that day; between 12pm and 4pm, a late charge of up to \$30 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 and Sunday 7am-4pm. 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 an additional fee 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. \$35 for stays of 14 days or less. \$40 for stays from 15-30 days.

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 \$35-\$40, dependent on length of stay, 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.

Peak rates and late pick up charges may apply. Please confirm with the Resort front desk.

Owner initials: _____

PLEASE PROVIDE YOUR SIGNATURE BELOW IF YOU HAVE READ, FULLY UNDERSTAND AND AGREE WITH THIS RESORT CHECK IN FORM.

Signature of Owner or authorized agent: _____ Date: _____