SUGAR HILL ANIMAL HOSPITAL
PET RESORT • SALON • POOL

Pet Name: _____ Client Number:_____(clinic use)

Breed:_____(clinic use) Color:_____(clinic use) Species:_____(clinic use) Sex:_____ (clinic use)

Emergency Contact: _____ Alternate Contact: _____

Check In: _____ **Check Out:** _____

Dog Aggressive Food Aggressive People Aggressive	Fence Jumper Runner Food Allergies:_____	VIP Suite: _____ Standard: _____

Medication	Instructions	Needs Meds Today AM Mid PM

Personal Items	**Carrier Description**

Feeding Instructions ☐ ome Food ☐ ennel Food ☐ eed Sep.	AM:_____ PM:_____

COMPOSURE: $3.50/day	☐ YES	☐ NO
FROZEN PAW TREAT w/ yogurt, pb & pumpkin: $2 per paw	PAWS PER DAY: _____	TOTAL # DAYS: _____
FROZEN KONG filled with GI LowFat: $6 per kong	KONG PER DAY: _____	TOTAL # DAYS: _____

Bath	**Daycare**
DATE: _____ **P/U TIME:** _____ ☐ K Bath ☐ S Bath ☐ Groom	_____ **OK For Group Let Out?** (clinic use) **YES** **SOLO POTTY**

Date	AM Urine	AM Fecal/Look	Mid Urine	Mid Fecal/Look	PM Urine	PM Fecal/Look	AM Appetite	PM Appetite	Staff Initials	Manager Initials
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