



Guest Profile and Agreement
 1111 W. Spruce St P. (605) – 990 – 3388
 Mitchell, SD 57301 F. (605) – 990 - 3389
 www.creeksidecares.com vetoffice@creeksidecares.com



Welcome to Creekside Lodge! Committed to our mission as “compassionate stewards of animal health,” you and your pet can rest easy knowing our team will do our very best to accommodate and care for your furry family member.

Client: _____ Phone: _____

Pet Name: _____

Emergency Contact name and number: _____

Medical Information:

Does your pet have any old or current injuries/surgeries/health concerns/allergies that we should be aware of?

Yes No If yes, explain: _____

Will your pet be on medication during their stay? Yes No

How does your pet like to take their medications (ex. In peanut butter): _____

Please complete medical instructions if needed:

<u>Medication</u>	<u>Dosage</u>	<u>Time of day given</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Diet Information:

- My pet will eat the lodge cuisine, IVet Maintenance/IVet Feline Adult
- I have supplied my pet’s food in a sealed container with their name on the container

Instructions: Morning: _____ Cup(s), Noon: _____ Cup(s), Evening: _____ Cup(s)

Notes: _____

If multiple dogs are sharing the same suite: Separate for dogs feeding Separate bowls

In the event your pet decides to be a finicky eater, it is OK to use some enticement measure such as peanut butter, cheese whiz, or beef broth. Yes No

Requests: (All requests are dependent on dog behavior, weather, and team member availability)

A courtesy bath is given to dogs only that stay with us 2 or more nights would you like your dog to have a bath? Yes No

Do you prefer your pet to have a blanket in their suite? Yes No

Would you like your pet to socialize with size and age appropriate pets? Yes No Family pets only
 (We do not socialize intact dogs over the age of 6 months).

Would you like to receive updates on how your pet is doing? Yes No Email: _____

Creekside Lodging Agreement

Please read & initial the items below and sign, indicating that you understand these requirements.

- _____ I understand that I am responsible for all services rendered at Creekside Veterinary Clinic. I will not hold Creekside Veterinary Clinic or staff members responsible for any damage or loss incurred by participating in our lodging programs.
- _____ I understand I must label all bedding, blankets, toys etc. for their stays; we cannot guarantee that they will be returned in the same condition.
- We provide: blankets, toys, and food dishes.
- _____ Creekside recommends that I bring my own food during my pet's stay to prevent upset stomachs. I also have the option to feed the house food which is IVet.
- Please let us know if your pet has any allergies or reacts to certain foods or treats. We do have treats and may provide them with some canned food to entice them to eat.
 - We do use peanut butter so please let us know if there is a peanut allergy in your household.
- _____ I understand it is my responsibility to bring my dog in on a non-retractable leash and my cat in a carrier.
- _____ I understand it is my responsibility to make sure that my pet is properly vaccinated prior to their stay. My dog with Distemper, Rabies, and Bordetella. My cat with FVRCP, Rabies, Leukemia. All puppies must be at least 10 weeks of age and received their first round of Bordetella vaccination prior to their stay. I also understand that even though all dogs/cats are properly vaccinated in the facility, a medical situation could arise due to the communal group of dogs/cats. I will be responsible for all and any medical costs if a situation would arise. We recommend internal and external parasite control. If my pet is diagnosed with any parasites during its stay it is my responsibility to pay for the treatment.
- _____ I understand that even though all dogs/cats are closely monitored, there is risk involved, including scrapes and cuts, due to the nature of dog/cat play. More serious injuries cannot be predicted. I give permission for Creekside Veterinary Clinic staff members to administer treatment to my dog/cat. I understand that an employee from Creekside Veterinary Clinic will do his or her best to contact me first before treatment; unless an emergency in which an employee from the Creekside Veterinary Clinic will contact me as soon as possible and will keep me posted until my return. I understand that the required veterinary services needed will be 100% my responsibility for the costs and fees.
- _____ I understand if my pet is intact, and over the age of 6 months, they will not be able to socialize with others.
- _____ I understand payment is due upon arrival or on day of check out.
- If I must cancel my pet's stay I will give at least 24-hour notice. If I do not give at least a 24-hour notice, I will be charged a one-night stay for each pet.
 - If I have purchased a daycare package, I understand it is non-refundable.
- _____ I understand if I do not check-out my pet on its scheduled check-out date without contacting the clinic. Creekside will only keep the pet for 6 days at my cost. After 6 days the pet will be considered abandoned.
- _____ I give Creekside Veterinary Clinic and its staff permission to photograph/video and publish my pet for albums, social media stories, display, website, advertising, media, etc.
- _____ I understand below are the scheduled operating hours of Creekside.
- Clinic hours are 7:15 am to 5:00 pm Monday through Saturday with 24-hour emergency care.
 - Closed on Sunday and Holiday's with 24-hour emergency care.
 - Lodging Check in and Check out times are as follows. If you need any special accommodations or need to change your check-in or check-out time, please contact lodging staff. Courtesy bath is not guaranteed if we are not given adequate notice of a change in check-out date/time.
Monday – Saturday 7:15 am to 5:00 pm
Sunday - Check outs only 3:00 pm to 5:00 pm
No check in or check outs on Holidays. New Years, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas.

Signature: _____ Date: _____

CVC Staff: _____ Date: _____

Please return this form along with a copy of your pet's vaccination records prior to arrival. Send form by returning to clinic by emailing to vetoffice@creeksidecares.com or faxing at 990-3389. Feel free to call the lodging staff with any questions. We look forward to welcoming your pet to our Creekside Family.