



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. _____		

Diet Information: (Daycare patients typically do not eat while attending daycare)

- My pet will eat the cuisine provided by Creekside lodging.
- 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

Can your pet receive treats? Yes No Food Allergies: No Yes _____

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

Courtesy bath if dog is staying 2 or more nights? Yes No Any skin conditions? Yes No

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

How would you like your pet to be exercised? Socialized Family Pets Only One-on-one entertainment

What are your goals for your pet at doggie daycare? _____

Lodging update? Yes No Email: _____ Typically sent on Tuesdays and Saturdays

Background: Please tell us more about your pet so we can provide them with the best stay possible!

When and where did you get your pet from? _____

Level of socialization with dogs outside of your home? None/Minimal Moderate Extensive

Please explain: _____

How do you describe your dog’s energy level? Low Medium High

How do you describe their typical exercise routine? Couch Potato Moderate exercise Athletic

Is your pet comfortable in a kennel? Yes No

Has your dog ever jumped OR dug under a 6’ high fence? Yes No

Has your dog ever bitten another person or dog? Yes No If yes, please explain: _____

Is there anything else you would like us to know about your pet? _____

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 Bordetella vaccination prior to their stay. First Bordetella vaccination will need to be given 48 hours prior to socializing. 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 that Creekside will do their absolute best to reach my pets goals, however, there is no guarantee. Creekside reserves the right to refuse admittance into group play to any dog that does not meet or maintain the health and temperament of our group play standards. 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.
 - 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.
- _____ I understand and agree that each of the foregoing provisions previously stated shall be in force and effect and shall apply to each occasion in which my pet stays with Creekside until further updated.

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.