

## 2022 Admission Form

Please call ZimmVet at 763-856-4848 to schedule your hotel, daycare, grooming or training activities. All reservations must be made by 6pm the previous day. This form, along with the pet's medical records must be received 48 hours prior to the reservation. Payment for Training class must be received in advance to insure enrollment.

Owner In	formation		
Primary Owner First Name	Primary Owner Last Name		
Primary Owner Email Address	Primary Owner Home Phone Number		
Primary Owner Cell Phone Number			
Secondary Owner First Name	Secondary Owner Last Name		
Secondary Owner Email Address	Secondary Owner Cell Phone Number		
Emergency Contact Name (If Owner Unreachable)	Emergency Contact Phone		
Name of Veterinary Practice	Home Address		
REQUIRED Flea Preventative Brand and date last administered:	REQUIRED  Dewormer Brand and date last administered:		
Pet Information			
Pet Name	Pet Birth Date		
Pet Gender (circle one) Intact Male Intact	Female Neutered Male Spayed Female		
Pet Breed	Pet Weight		

Diet Information	
Food Brand	Dogs staying in same suite that need to be feed alone please advise staff.
Amount fed at each feeding (measured in cups)	Number of feedings per day

Behavioral History			
Have you boarded your dog in the past?	Yes	No	Would you like your dog to participate in off-leash group play, if eligible? Yes No
To your knowledge, does your dog experied happened.	nce fea	r, stress,	or anxiety when boarded? If yes, please describe what

What is your dog's off-leash play experience with other dogs? Please describe past history.
Has your dog ever bitten a person or another dog or been involved in an altercation/fight? If yes, please describe what happened.
Any additional information that will help us make your pet's visit more comfortable?

## **Medical Information**

**Current Vaccines** - Please call your veterinarian to fax or email vaccine records to 763-856-2474 or info@zimmvet.com

- o Rabies
- o Distemper
- Bordetella
- o Influenza (Bivalent)

Please list any allergies that your dog may have:

Please list any physical disabilities that may limit your dog's activity level:

In the event that my pet requires medical attention while in ZimmVet's care
and I CANNOT be reach by phone, I authorize ZimmVet to proceed with all
recommended procedures up to \$

If I enter \$0, I understand that staff will stabilize my pet, but not administer any veterinary care if I cannot be reached. The cost of an emergency exam is \$136.

	Medication	
Medication:	Amount to administer:	When to administer:
Medication:	Amount to administer:	When to administer:
Medication:	Amount to administer:	When to administer:

Initia l	Recognition of Policies
	I understand that I am 100% responsible for any veterinary bills or other expenses otherwise incurred on my pet's behalf. I understand that I will be charged for my pet's hotel, daycare, grooming or training costs (including extras) and it is due at or prior to the reservation.
	I hold ZimmVet, their clients, and other client's pets harmless for any loss, liability, claims, expenses, and entitlements of any kind including, without limitation to injury, sickness or damage that my pet my suffer during or after participating in ZimmVet programs.
	I understand that on occasion my pet's likeness may be captured on video or other media while participating in ZimmVet programs. I hereby authorize ZimmVet to use, broadcast and or reproduce our (myself and my pet) likeness in video, print or other media. I agree that I will not be compensated for any such use.
	I understand that due to risk in the Zimmerman area, it is recommended that my pet is vaccinated for Lyme disease and Leptospirosis for my pet's protection. It is required that my pet is vaccinated for Rabies, Distemper Combination, Bordetella, and Bivalent Influenza. If my dog is attending daycare, hotel, training, or grooming, I agree to keep him or her current on flea and tick preventative and a monthly dewormer to prevent both internal and external parasites.

Owner Signature:	Date	::*T	This client signa	ture is valid
through 2022			_	

I understand my dog is at a higher risk for illness being in a social environment and that ZimmVet is not responsible for any illness that my pet may contract while in the hotel, daycare, training, or grooming facility. I agree that my pet will be symptom and treatment free from any sickness within 48 hours of my check in appointment. If my pet is unstable or symptomatic upon arrival, ZimmVet may decline to admit the pet into the daycare, hotel, training, or grooming facility. I understand that if my pet is showing symptoms of any contagion, I am responsible for arranging for them to be picked up immediately upon communication from a ZimmVet staff member.
I agree to arrive at my scheduled appointment time and understand that check in and checkout appointments may take up to ten minutes. I understand that if I do not arrive at my scheduled time, staff may not be available to assist me immediately.
I acknowledge the Cancellation Policy and understand that I am responsible for a cancellation fee of \$25 if I do not arrive for or cancel my reservation at short notice (short notice defined as a change in reservation within 24 hours for reservations including a weekday and 72 hours for reservations including a weekend or holiday).
I acknowledge that the information that I have provided about my pet is truthful and accurate and that I have full ownership rights to this pet, placing it in the temporary care of ZimmVet.