check in _____/check out_____

Bed and Breakfast

Check In _____/_____
Check Out _____/_____
Pick up time _____

Patient Name

Account #
Weight
Last Name
Breed Coat Color Patients.Sex
Patients.Birthdate

Please be advised, checkout time is 12pm. An additional day will be charged for pets picked

Feeding Instructions

Own Food circle one **B&B** Food Amount _____Times am /noon /pm
Frosty Paw Y / N (1.75 per serving)
Food Allergies? ☐ No ☐ Yes **Please explain.**

Belongings ***Newton Veterinary is not responsible for lost, soiled or damaged belongings.**

Leash **Collar** **Blanket** **Toys** **Treats** **Bed** **Other**_____

Medical Service **Appt. Date** _____ **Time** _____

Medications 1)_____ Dosage _____

2)_____ Dosage_____

3)_____ Dosage_____

Spa Services are offered at a 5% discount for our Bed & Breakfast guests.
Bath Yes _____ No _____ Nail Trim Yes _____ No _____
Grooming Yes _____No_____ Teeth Brushed Yes _____ No _____

Description of Grooming _____

Your pet will receive a **COMPLIMENTARY TECHNICIAN ASSESSMENT** during his/her stay. Do you wish to be contacted for any abnormal findings? If yes, how should we contact you? ☐ contact phone # listed below
Results of this assessment will be provided with your pet's Report Card.
In case of Emergency when neither party can be reached, I authorize Newton Veterinary Hospital to treat my pet. *I agree to pay all charges incurred for these services*.

_____
Signature Date

_____
Contact Phone Number Emergency Contact Name & Number

	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Appetite														
Urination														
BM														
Diarrhea														
Vomiting														
Frosty Paws														