



WOOF!

News & notes from Gemini Dogs

training • doggie daycare • boarding • grooming

It's time to update our records...Please complete and return this packet as soon as possible.

Dog Name: _____ Breed: _____

Date: _____ Spayed/Neutered: ___Yes ___No

Emergency Contact Info

Please list all phone numbers where you, your partner/spouse, and your emergency contact can be reached:

Your Name: _____ Cell: _____ Work: _____ Home: _____

Spouse/Partner: _____ Cell: _____ Work: _____ Home: _____

Emergency Contact: _____ Cell: _____ Work: _____ Home: _____

Email Address: _____

Veterinarian

Please confirm which animal hospital your dog is currently a client of: _____

Medical Conditions

Does your dog have any known medical conditions? ___No ___Yes (explain below)

Does your dog have a heart murmur? ___No ___Yes What grade is it? _____

Does your dog have a history of seizures? ___No ___Yes What frequency? _____

Medications

Is your dog currently taking: _____ Heartworm Preventative _____ Flea/Tick Preventative

Is your dog currently taking any other medication or dietary supplements? ___No ___Yes (list below or attach a list)

Medication: _____ Dosage: _____ Frequency: _____

Administration (i.e., in cheese): _____ for Treatment of: _____

Medication: _____ Dosage: _____ Frequency: _____

Administration (i.e., in cheese): _____ for Treatment of: _____

Medication: _____ Dosage: _____ Frequency: _____

Administration (i.e., in cheese): _____ for Treatment of: _____

Extraordinary Measures

There are rare occasions when a dog is in our care and the unforeseen happens; the dog suffers a massive stroke, for example, or the dog suddenly collapses and the emergency vet wants to run bloodwork or perform an ultrasound to better assess the situation. In very rare cases, such as bloating or possible internal bleeding, a dog requires an immediate surgical procedure to save its life. We always try to reach you and your emergency contact(s) if a situation such as this occurs, but if neither person can be reached and we are left with no choice but to make a decision for you... what would you like us to do? Please choose **one** option.

Do whatever you would do if it was your own dog Signature: _____

Do the minimum diagnostics that the vet needs to do to obtain a better understanding of the situation. Signature: _____

Do whatever the vet thinks is absolutely necessary to keep my dog comfortable until I can be reached, but do not perform any diagnostics, unless they are required to save my dog's life. Signature: _____

Please know that we always stay with your dog during times like these...we will be there when you cannot.

Behavior

Have you noticed any recent behavior changes in your dog? No Yes (explain below)

Feeding

Dry Brand: _____ Quantity: _____ Frequency: AM NOON PM

Wet Brand: _____ Quantity: _____ Frequency: AM NOON PM

Special Instructions: _____

Please note whether you add warm water, mix in wet food, yogurt, pumpkin, etc.:

Regular Daycare Schedule

Please confirm your dog's regular daycare schedule: Mon Tue Wed Thu Fri Sat Sun

Package Plan Please confirm which discount package you are currently using (or would like to start using):

- My dog attends 5+ days a week: 20-Day VIP (\$480 for 20 days) \$24/day
- My dog attends 3+ days a week: 20-Day (\$520 for 20 days) \$26/day
- My dog attends 2 days a week: 10-Day (\$280 for 10 days) \$28/day
- My dog attends 1 day a week: 5-Day (\$150 for 5 days) \$30/day
- My dog attends sporadically, no specific days: No Package, Full Day \$32/day

Method of Payment: Credit Card Cash Check