

Hassayampa Canine Resort and Spa prides itself in the care of our guests. We strive to provide care that will be above and beyond expectations. To that end, we are asking each of our guests how they would like us to approach the following care questions:

**1. Dietary Upset:** When your pet is staying away from home there is a possibility of dietary upset that could result in Diarrhea or Vomiting. We do our best to keep our facility relaxing, calm and fun, but in some cases being away from home is stressful. We use natural medications to calm the stomach and probiotics to rebalance the gut to replace the good bacteria and provide nutrients for the system. **There is no additional charge for these supplements for the first 3 days. After 3 days it is \$1.50 per day.** (Please choose one option)

- a. I would like my pet to receive probiotics and natural enzymes any time they are staying at the resort to help prevent any dietary upset. \_\_\_\_\_
- b. I would like a call when there is any problem with my animal. \_\_\_\_\_

There may be an occasion when we need to use a stronger probiotic called Diagel to help firm the stool and calm the system. **There is an additional fee of up to \$20 (depending on the size of the dog) for the medication.** (Please choose one option)

- a. I would like HCRS to give basic supplements, but if the problem continues longer than 72 hours or if blood is noted then I would like a call to give permission for additional supplements or medications. \_\_\_\_\_ **(Small additional charge for these)**
- b. I give permission to HCRS to start with basic supplements then progress to Diagel if the upset is not clearing within 24 hours or if there is any vomiting noted. **I do NOT require a phone call.** \_\_\_\_\_
- c. I would prefer my regular veterinarian be called to prescribe medications to treat any diarrhea or vomiting. \_\_\_\_\_ **(If transported a \$30 fee will be incurred)**

**2. Medical Emergency:** In an emergency, Hassayampa Canine Resort & Spa will attempt to contact the Pet's personal veterinarian as well as the emergency contact provided by me: however, such an emergency might not provide the time to do so prior to the administration of care. I authorize Hassayampa Canine Resort & Spa to obtain medical attention for my pet from any qualified veterinarian and to transport my pet to and from that veterinarian when Hassayampa Canine Resort & Spa deems such medical care is important to my pet's health. I grant Hassayampa Canine Resort & Spa or its employees or agent's full power of decision-making involving the medical care or transport. \_\_\_\_\_

**3. Non-Emergency and Non-Life-Threatening Conditions:** \*Do not require immediate medical attention. Our staff does an intake evaluation of your pet upon arrival to note any infections, cuts, abrasions, lumps or abnormalities. (Please choose one option)

- a. I would like to receive a call immediately when any abnormalities are noted. \_\_\_\_\_
- b. I would like to be informed upon discharge of problems that are noted so that I may address the problems as needed. \_\_\_\_\_

**4. Thunderstorms, Noise Phobias and Anxiety:** It is common for our pets to feel nervous or scared when loud noises occur or when in unfamiliar surroundings. (Please choose one option)

a. My pet has a noise phobia or anxiety and has special medications that should be given as directed:  
\_\_\_\_\_

b. My pet does not normally take medications but I hereby give consent to HCRS to give a natural anxiety drop or calming tablet in the event that the staff notes anxiety (as directed by the doctor on staff). \_\_\_\_\_

c. I would like a call prior to any supplements being given to my pet. \_\_\_\_\_

**5. As Needed Medications:** My pet has medications that can be given as needed per my written directions. These medications have been provided in clearly labeled containers for the staff at HCRS to give.

a. I do not require a phone call or text if these medications are needed during my pet's stay. \_\_\_\_\_

b. I would like a call if these medications are needed. \_\_\_\_\_

**6. Veterinary Care:** I would like to establish as a client with Circle L Animal Hospital so that my pet may receive prescribed medications as directed by Dr Armstrong. I understand that this does not indicate that I am required to change my regular Veterinarian; this simply is to allow for my pet to be cared for by Circle L if needed during an emergency. (Please choose one option)

a. Yes establish me as a client with Circle L so that they may provide basic treatment for my pet while I am away. \_\_\_\_\_ (this does not affect the choices for #1-5 above)

b. No please always contact my Veterinarian on file. \_\_\_\_\_

c. No please contact my Veterinarian on file but in the event that all due diligence is made to contact my doctor and they are not available, or if it is after hours, then I would like my pet cared for by Circle L Animal Hospital if possible \_\_\_\_\_ or by the Prescott Area Emergency Hospital \_\_\_\_\_.

I \_\_\_\_\_ (Owner) on this day \_\_\_\_\_ of \_\_\_\_\_ understand that by initialing and signing above, I hereby give my consent for the above choices that I have made. I understand that I will be billed separately for any charges and that I am responsible for the expenses incurred. This document is an adjunct to the Standard Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for trusting the care of your four-legged family member with us while you are away. Please feel free to contact us at any time if you have concerns or questions.