

Animal Activity Center, Inc.

39319 Garfield Clinton Twp. MI 48038
(586) 416-8800

Medical History Sheet

Vaccination Information:

Written proof of vaccinations within the last eleven months must be submitted with registration information. Please indicate below which vaccinations have been administered to the guest.

Rabies (Y/N) Date Given: ___/___/___ FVRCP (Y/N) Date Given: ___/___/___
FELV (Y/N) Date Given: ___/___/___
FELV/FIV Test (Y/N) Date Tested: ___/___/___ Test Result: (+/-)

If you selected no for any of the above listed vaccinations, did you bring a written explanation from your veterinarian?
(Y/N)

If you selected yes for any of the above listed vaccinations, did you bring proof of vaccination from your veterinarian?
(Y/N)

All of our guests will be checked for fleas upon arrival, don't worry however, if they are found the guest may still be admitted but we will be treating the guest with capstar and a dosage of advantage for the safety of all guests.

The following items are strongly recommended for your pet's protection, however they are not required for your pets stay. Please indicate whether or not your pet has been tested for any of the following:

Deworming (Y/N) Date Given: ___/___/___
Fecal (Y/N) Date Tested: ___/___/___ Test Result: (+/-)
Bartonella Test (Y/N) Date Tested: ___/___/___ Test Result: (+/-)

Please Indicate Below Whom Your Pet's Regularly Attending Veterinarian Is:

Name: _____ Clinic Phone Number: _____
Address: _____

Please initial below which option you would prefer should it become necessary to seek medical attention for your pet (You must select an option from below):

___ In case of a routine medical problem I would like my pet to be taken to my regularly attending veterinarian for follow-up care. By choosing this agreement I understand that I am responsible for all charges incurred and that I must have a valid credit card number on file.

___ In case of an evening emergency I would like my pet to be taken to an emergency facility for follow-up care. By choosing this option I understand that I am responsible for all charges incurred and that I must have a valid credit card number on file.

___ In case of the need for medical treatment I would like my pet to be taken to Parkway Small Animal & Exotic Hospital for follow-up care. I understand that I am responsible for all charges incurred and that I must have a valid credit card number on file.

What type of cat litter does the guest prefer? _____

Does the guest prefer to have a covered or uncovered litter box? _____

By signing below, I acknowledge that I have read all of this information and have answered each question to the best of my ability. My signature will also act as authorization for Animal Activity Center, Inc. to carry out my requests as indicated above.

Signature _____ Date _____