VON HIMMEL HAUS

GENERAL DOG INTAKE & CARE INSTRUCTIONS

SERVICE & STAY INFORMATION

☐ Boarding ☐ Board + Train ☐ Puppy Raising ☐ Other

Drop-off date _____ **Expected pick-up date** _____

DOG & OWNER INFORMATION

Dog name _____ **Age** _____ **Breed** _____

Owner / legal guardian _____

Primary phone _____ **Alternate phone (optional)** _____

EMERGENCY CONTACT (OTHER THAN OWNER)

Emergency contact name _____ **Emergency contact phone** _____

FEEDING INSTRUCTIONS

Dog food brand / formula _____

Amount per meal _____ **Meals per day / usual feeding times** _____

Preparation, supplements, allergies, restrictions or other feeding instructions:

_____

_____

MEDICATIONS / PREVENTATIVES

List name, strength, dose, route, frequency, and exact administration times.

Medication / dosage / administration instructions

_____

_____

VETERINARY CARE, CPR & FINANCIAL AUTHORIZATION

ADDITIONAL MEDICATIONS & CARE NEEDS

Additional medications, dosing times, behavioral or handling notes (attach pages if needed):

VETERINARY INFORMATION

Preferred veterinarian / clinic

Clinic phone

Known health conditions, allergies, treatment restrictions, or important history:

AUTHORIZATION FOR VETERINARY CARE

I am the owner or authorized legal guardian of the dog identified on this form. I authorize Von Himmel Haus (VHH), its owner, staff, and designated representatives to present and transport my dog to a licensed veterinarian or emergency veterinary facility and to consent on my behalf to examination, diagnostic procedures, treatment, hospitalization, and emergency stabilization during any VHH service or stay when care is reasonably necessary, including if I cannot be reached.

VHH will make reasonable efforts to contact me and/or my emergency contact, but may obtain necessary care without prior contact if waiting could jeopardize my dog. I accept full financial responsibility for all veterinary and related expenses, including examination, treatment, emergency care, transport, and aftercare. Veterinary decisions and outcomes remain under the treating veterinarian's professional judgment.

CPR & EMERGENCY RESUSCITATION DIRECTIVE

If my dog experiences cardiac or respiratory arrest, I direct the veterinary team to:

- ☐ YES - Attempt CPR and resuscitation if medically indicated.
- ☐ NO - Do not attempt CPR after cardiac or respiratory arrest.

Initial CPR and stabilization may cost approximately $500-$1,000; total costs may be higher. CPR may fail or result in complications. I remain responsible for all veterinary expenses. A NO CPR selection does not prohibit medically appropriate care before an arrest.

OWNER ACKNOWLEDGMENT & SIGNATURE

By signing, I confirm the information provided is accurate, I am authorized to make decisions for this dog, and I have reviewed the veterinary authorization, CPR directive, and financial responsibility terms above.

Owner / guardian signature

Date

Printed name