

Pendleton Pens Pet Resort
6516 S. 800 West
Pendleton Indiana 46064
Phone: (765) 778-3353



Medical Records and Payment

Vet's Name _____ Phone Number _____

Address _____

Email _____

Does your dog require any medication or treatment? If yes, what dosage and instructions:

Does your dog have any medical problems or allergies?

Has your dog been treated preventatively for the following (Yes/ No) _____

Heart worm ____, Flea Prevention __ Rabies Vaccination __ Parvo __ Distemper __ Bordetella __

*Note please bring copies of all vaccination records (Your vet can print these out for you if you don't have them on file.

Veterinarian Release

I, _____ (pet owner) give Pendleton Pens my expressed permission to transport any of my pets to the vet listed above, or to the closest animal hospital in case of a medical emergency. In such an emergency Pendleton Pens will attempt to contact you immediately so that you can be notified before any treatment is administered. In the event that I am unable to be reached in sufficient time, I give permission for the animal hospital to administer whatever care, or medications necessary to safely care for my pet with the exception of the list of excluded medications listed below. Excluded Medications (Do not give these to my pet)

Owners Signature _____ Date _____