

SENIOR PETS AND HEALTH FOR RETREAT ACCOMMODATIONS

		Human/Pet Age Analogy				
		Adult Size in Pounds				
		Feline	Canine			
		0-20	21-50	51-120	>120	
Pet Age	3 years	28	28	29	31	39
	4 years	32	33	34	38	49
	5 years	36	38	39	45	59
	6 years	40	42	44	52	69
	7 years	44	46	49	59	79
	8 years	48	50	54	66	89
	9 years	52	54	59	73	99
	10 years	56	58	64	80	
	11 years	60	62	69	87	
	12 years	64	66	74	94	
	13 years	68	70	79		
	14 years	72	74	84		
	15 years	76	78	89		
	16 years	80	82	94		
	17 years	84	86			
	18 years	88	90			
	19 years	92	94			
	20 years	96				

Age Analogy Chart: W. Fortney, R. Goldston

Adult
 Senior
 Geriatric

Pets, it's what we do, all kinds, all sizes, all ages. From welcoming in the 8-week old puppy to saying goodbye to old long friends, we are always here. With the growing population of ageing pets specialized care can be a challenge. It is of our greatest concern that when our senior citizens reside with us that they are of sound mind and body. At the end of their stay, we want them to go out the door as happy as they came in.

For our senior citizens we can offer our Serenity Suites or Zen room for a noise and climate-controlled environment, orthopedic cots, bedding and TLC to make them comfortable.

For pets with special care needs (i.e. medical conditions, injections, expired vaccinations, mobility issues, etc.) please consult Diamond Creek management prior to booking as a special accommodation fee may apply should your pet's needs exceed standard care procedures. These fees start at a base rate of \$44/dog or \$34/cat per pet per night (subject to change).

Please refer to the chart above for the standard ages at which we will be looking for this documentation, we will be using the "Geriatric" zone. Please get us this information along with all other forms for Retreat accommodations no later than two days' prior check-in so we can review health conditions prior arrival.

SENIOR PETS AND HEALTH FOR ACCOMODATIONS
(Required for senior dogs each stay)

Dogs Name: _____ Owners Name: _____

Accommodation Dates: _____

Current Age at the time of the stay: _____

Emergency Contact for this stay: _____

Long-term medical conditions/mobility issues:

Behavioral issue:

Skin Issues: _____

In the event my dog's health deteriorates beyond the comfort care of the staff at DCPR, I understand my pet will be transported to my veterinarian or an emergency veterinarian if declined by mine, to be stabilized until I make arrangements for the dog to be picked up by my emergency contact. _____ Initials

If my dog passes away while in your care, I understand that you will take my dog to my veterinarian to be held there till I return. _____ Initials.

Signature: _____ Date: _____