

LAST NAME: _____ PHONE _____ CHECK IN DATE: _____ CHECK OUT DATE: _____ BEFORE 10 AM AFTER 10 AM

PLAYTIMES-SPECIAL REQUESTS- BOARDING PACKAGES

- | | | |
|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> VIP PLAY
(CUDDLETIME) | <input type="checkbox"/> GROUP PLAY | <input type="checkbox"/> K-9 CAMP |
| <input type="checkbox"/> BRUSH 'N LOVE | <input type="checkbox"/> K-9 FUN | <input type="checkbox"/> FELINE FUN |
| <input type="checkbox"/> | <input type="checkbox"/> K-9 COMFORT | |

PET #1 NAME: _____ PET #2 NAME: _____

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> DAILY | <input type="checkbox"/> EVERY OTHER DAY |
| <input type="checkbox"/> START TODAY | <input type="checkbox"/> START TOMORROW |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> NOT ON EXIT DAY |

SPECIAL CARE BOARDING

PLEASE TREAT MY PET TO THE FOLLOWING:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> SUNDAY BRUNCH | <input type="checkbox"/> TURKEY SAUSAGE | <u>CATS ONLY</u> |
| <input type="checkbox"/> HOT DOG BBQ | <input type="checkbox"/> PLUSH BEDDING | <input type="checkbox"/> TUNA TREAT |
| <input type="checkbox"/> PEANUT BUTTER TREAT | <input type="checkbox"/> HOLIDAY PARTY | <input type="checkbox"/> SCRATCH PAD |
| <input type="checkbox"/> FROSTY PAW | <input type="checkbox"/> HOLIDAY MEAL | <input type="checkbox"/> CAT-NIP TOY |
| <input type="checkbox"/> CET CHEW | | <input type="checkbox"/> KITTY KREAM |
| <input type="checkbox"/> HEALTHY EDIBLE TREAT | | |

KENNEL DIET OR HOME DIET

KENNEL DIET:

_____ CUPS 1X DAY 2X DAY OTHER: _____
DOGS: PROPLAN DRY + GRAVY CATS: IAMS DRY + CANNED IN PM

DIET FROM HOME FOR MY PET: _____

BRAND OF FOOD: _____
HOW MUCH: _____
1X DAY 2X DAY OTHER: _____
IS THERE A MEDICAL REASON WHY FOR DIET? YES OR NO
IF SO WHAT? _____ ALLERGIES? _____
NO OTHERS FOOD OR TREATS? _____

MEDICATIONS YES NO

FILL OUT BACKSIDE OF FORM

PET NAME _____ DOG CAT BREED: _____

PET NAME: _____ DOG CAT BREED: _____

GROOMING & SPA SERVICES

DEPARTURE TIME: _____

- EXIT BATH- DISCOUNTED WASH & DRY
MANDATORY FOR DOGS AFTER A 5 DAY STAY
- COMPLETE BATH Shampoo/conditioner/ ears/nails/brush & blow dry
- PEDICURE FOR: _____
- SHEDLESS TREATMENT
- MINI SHEDLESS
- FLEA TREATMENT
- MAINTENANCE BRUSHING
- HYPO OR OATMEAL BATH
- TEETHBRUSHING
- EAR CLEANING

I understand boarding charges are incurred for each day my pet(s) stay and that I will incur fees for any of the above I have selected. I further understand my pet(s) will be checked for fleas, nails, skin, and coat conditions, any treatment needed for the comfort of my pet(s) will be at my expense.

LOCATION & PHONE NUMBER WHERE STAYING? _____

EMERGENCY CONTACT THIS TRIP? _____

SIGNED: _____ **DATE:** _____

SPECIAL CONCERNS? _____

BOARD TOGETHER: _____ **COVERED RUN:** _____

REMARKS/ITEMS LEFT: _____