



OVERNIGHT STAY CHECK-IN FORM

PLEASE USE ONE SHEET PER PET & COMPLETE ALL SECTIONS

Pet's Full Name: _____ Date: _____

Pet Parent's Full Name: _____

Check-In Date & Time	Check-Out Date & Time

Emergency Contact: _____
Name Relationship to pet parent Phone #

Emergency contacts must be willing to pick up a sick or injured dog. If the emergency contacts do not respond, pet parent will be responsible for medical boarding fees.

My dog will be picked up by: ☐ Owner ☐ Other* _____

**I understand that if I am having someone else pick-up I must leave a credit card on file and that it will be charged at the time of pick-up for services rendered.*

Signature: _____

Would you like a report card at pick-up? ☐ Yes ☐ No

FEEDING INSTRUCTIONS (please specify amount given per feeding time)

Brand of food supplied: _____

Treats (check when given):

☐ AM _____ ☐ Lunch _____ ☐ PM _____

☐ AM ☐ Lunch ☐ PM

☐ Permission to add pumpkin to food if they're not eating / having digestive issues

Amount: _____

MEDICATION INSTRUCTIONS (additional instructions can be written on the back of this form)

Medication Name & Dose <small>Approved by Manager</small>	Medication Type	Medication Use <small>Condition being treated</small>	Medication Frequency <small>If as needed, specify when it's needed and the maximum dose per day</small>			Notes
			AM	PM	Misc.	
	<input type="checkbox"/> Oral <input type="checkbox"/> Ointment <input type="checkbox"/> Other (specify)					
	<input type="checkbox"/> Oral <input type="checkbox"/> Ointment <input type="checkbox"/> Other (specify)					

ADDITIONAL SERVICES *(please refer to spa menu for pricing details)*

- ☐ Express bath* ☐ Blow dry and brush out *(additional fee)*
- ☐ Nail trim ☐ Teethbrushing

**Please note that if your dog is not picked up within 30 minutes of departure time noted they will go back into daycare.*

PERSONAL BELONGINGS

- ☐ Bed/Towel/Blanket *(due to limited storage space only one item will be accepted)* Description: _____
- ☐ Collar ☐ Leash ☐ Other items: _____

AUTHORIZATION FOR TREATMENT: We will make every attempt to contact you at the numbers provided should your pet become ill while with us. If we are unable to reach you, medical treatment will be provided at the discretion of the manager on duty. All costs associated with any medical care given while boarding will be at the owners' expense and due upon your dog's departure. **Initial:** _____

ADDITIONAL COMMENTS: