Pet Boarding Check In

Name of Pet #1 _____   Name of Pet #2 _____

Customer Name _____   Phone _____

Pick up Date _____   Time of Pick up _____

We have a 1 pm checkout time to make room for our new incoming boarding pets, if your pet isn't picked up at this time, they are considered a daycare pet and will be charged the reduced daycare charge of $22.00

If my pet has a harness: Please leave on _____ or take off _____

Grooming:
            Specify pet name if you have *multiple* pets
_____ Groom (Bath, Nails, Ear, **All Over Haircut**)
_____ Bath Only
Bath Add Ons
_____ Silver Package **$18** Nails and Ears (anal glands if requested)
_____ Gold Package **$22** Nails, Ears, and Teeth Brushing (anal glands if requested)
_____ Shed-less Treatment **$15- $25**
_____ Special Shampoo (Medicated, Oatmeal, Flea and Tick) $6
Al La Carte
_____ Nails Only **$16**   ___ Teeth Brushing **$12**
_____ Ear Cleaning **$5**   ___ De-matting **$5-10**
_____ Anal Gland Expression **$10**   ___ Mini-Groom **$10-16**

Feeding Instruction: **I brought my pets own food: YES   NO**
There is an extra $5 charge per day for eating our food.
How much per day?   **AM_____   PM_____**
Does your dog have food allergies? **YES   NO**
If *multiple* pets do they need to be fed separately? **YES   NO**

Al La Carte:
_____ Frozen Peanut Butter Kong **$4**
_____ Email **$5**   _____ Whip Cream Wednesday **$2.50**

Continued on Back

Can your dog(s) interact and play with other dogs in daycare? **YES NO**

Has your dog interacted with other dogs at Paws&Claws? **YES NO**

**** If your dog cannot play in our daycare program, they will be considered a special needs dogs and will play individually with our staff- there is an extra $5 charge****

Medication:
Is your pet(s) on any medication that we need to continue to give during their stay? If **YES**, please fill out the following:

1) Pet Name _____   **Drug Name** _____

      Dosage Am_____   Pm_____ Both_____

2) Pet Name _____   **Drug Name** _____

      Dosage Am_____   Pm_____ Both_____

3) Pet Name _____   **Drug Name** _____

      Dosage Am_____   Pm_____ Both_____

Non-Eating Dogs:
From time to time we have pets that do not eat as well as they do when they are at home. Their nutrition and health are very important to us. Each pet has a chart where we monitor how much they are eating after they are fed.

At **NO addition cost** we will add cheese, pumpkin, tuna, or canned food to their meals if they ARE NOT eating well, in that order. Please let us know if this is ok by checking yes or no.

Yes _____   No _____

Pet Owners Name _____ (Print please)