

Pet Boarding Check-In Sheet

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

Sunday Pick up times are 7:30-9:30 and 3:30-5:30. Late check out fee does not apply

We remove all harnesses, unless you check the following box:

Do not remove Harness _____

Grooming:

(Specify pet name if you have multiple pets)

_____ Full groom (Bath, Nails, Ears, All Over Haircut)

_____ Bath Only

The following can be purchased only as an addition to a bath service :

_____ Silver Package \$22 (Nails and Ears -anal glands upon request)

_____ Gold Package \$26 (Nails, Ears, Teeth Brushing -anal glands upon request)

_____ Shed-less Treatment \$15- \$25

_____ Special Shampoo (Oatmeal, Flea and Tick) \$6 _____ Conditioner \$6

_____ Bandana, Bow, or Bowtie (free of Charge)

Individual Services (a la carte) not requiring a bath service:

_____ Nails Only \$18

_____ Teeth Brushing \$12

_____ Ear Cleaning \$6

_____ De-matting \$5-15

_____ Anal Gland Expression \$10

_____ Mini-Groom \$10-16

Feeding Instruction: I brought my pets own food: YES NO

How much per day? AM _____ PM _____

Does your dog have food allergies? _____ YES _____ NO If yes what to? _____

If multiple pets do they need to be fed separately?: YES NO

A La Carte:

_____ Frozen Peanut Butter Kong \$4

_____ Brush Out \$5 per day

_____ Email Update \$5

_____ Whip Cream Monday/Wednesday \$3.50

CONTINUED ON BACK

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

Has your dog interacted with other dogs at Paws & Claws? Please circle: YES
NO

If your dog cannot play in our daycare, they will be considered a special needs dog. They will play individually with our staff for a \$5 charge per day.

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 _____
- 4) Pet Name _____ Drug Name _____
Dosage: Am _____ Pm _____ Both _____

Treats:

If you have brought your dog treats, we give them in the evening before bed. Please specify what treats you brought and how many you would like to have. If this is a supplement or vitamin, please list it under medication.

- 1) Pet Name _____ How many _____ Type of treat _____

IF My Pet Is Not Eating Well:

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 additional cost we will add cheese, pumpkin, tuna, or canned food to their meals if they ARE NOT eating well. Please let us know if this is ok.

Yes _____ No _____

IF your Dog or Cat is Sill not eating after the above add-ins, we have a vet recommended Purina Pro Plan Veterinary Diet EN Gastroenteric Formula. This EN dog food we order from a veterinary clinic and usually helps with pets that have diarrhea or very loose stools. **Most dogs will eat this food over anything else! (Contains chicken and rice).**

The cost for EN is \$3.00 per can. YES _____ NO _____ (IF not checked we will assume Yes) It is very important that your pet eats while they are in our care.

I would like my dog to have a Bed & Blanket at night: Yes _____ No _____
(If your dog tears up a bed there is a \$20 Charge to replace or repair.)