

Check in form



Owners Name : _____ Pet Name: _____

Are you be available by cell phone? Y N Cell # 1 _____ Carrier: att, ver, spr, tmob

Cell #2 _____ Carrier: att, ver, spr, tmob

Who will pick up your pet? **Myself** Other/Name _____

Check in date _____ Check out date _____ time out _____ Day out M T W T F 8a-6p / Sunday 6p-8p

Checkout time is noon. Checkouts after 12noon a boarding fee for that day applies.

Which Veterinarian office do you typically use ? _____

Are there any new allergies or medical conditions we should be aware of ? _____

Fun activities for your pet - initial a service and indicate the frequency

Initial	Service	cost	Daily	Every other day	# while boarding	Grooming services	Initial
	Group Walk, for social dogs	16.00				Exit Bath only	
	Group play, please complete a group play application form for an evaluation.	13.00				Nails only	
	Senior Walk, senior dogs(15min)	13.00				Nails only Bath and Nails	
	Private Walk	23.00				Full Groom	
	One on one time Dog or cat	8.00				Please confirm your pick up date and time for baths and grooms.	
	Kong PB	4.00				Date:	
	Beef bone <small>small dogs Med/large</small>	7.00 10.00				Time:	
	Email me a picture	5.00 each					

What did you bring with our pet?

Please give a detailed description of what you leave with your pet so that we can return everything to you. If you do not bring bedding with you we will provide bedding for your pet. You do not need to bring feeding bowls with you.

Bed (one washable size bed): _____

One or two toys: _____

Other: _____

Does your pet need Medications or supplements during the stay? No Yes please complete a Medication Form.

Did you bring food with your pet? N Y what brand? _____

Food must be labled and in zip lock bags, no large bags or containers please.

Food: we normally feed twice per day; please let us know if you prefer feeding once per day.

AM Dry Cups (standard measuring cup) _____ Wet amount _____ add warm H2O?

PM Dry Cups (standard measuring cup) _____ Wet amount _____ add warm H2O?

Special instructions _____

If your pet is not eating, can we add... cottage cheese, chicken broth, boiled chicken, please circle and initial _____

I hereby grant permission of North Main Pet Lodge to act on my behalf, and in my pet's best interest, by obtaining veterinary care at my expense, if deemed necessary, for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its stay. **North Main Pet Lodge will make every effort to contact me and/or my designated emergency contact, however if time does not permit, or the North Main Pet Lodge is unable to reach me or my designated emergency contact, and veterinary care is urgently needed, would you like to put a Vet cost limit on your pet?**

Circle one: No limit (do what is medically necessary for my pet)..... or Yes (enter \$ amount) \$ _____.

Signature _____ Date _____