

CHECK IN

PET NAME _____ BREED _____ Weight _____

OWNER NAME _____

CHECK-IN DATE _____ CHECK-OUT DATE _____

AM [] 8- 11:30am

PM [] 2-3:30 pm (Late Check-out) \$15 Fee per animal

SUNDAY ONLY [] 4-5pm ONLY BY APPOINTMENT \$15 fee per animal

Vet Name or Hospital _____ Phone # _____

EMERGENCY PHONE # _____

MEDICATION #1 _____ AM [] PM []

MEDICATION #2 _____ AM [] PM []

MEDICATION #3 _____ AM [] PM []

BATH & NAILS [] or GROOMING [] Nails Only []

PLAYTIME \$3.00 per day Per dog YES []

Frosty Paws Treat \$2.50 per day Yes [] or How many _____

FEEDING: KENNEL FOOD [] OWN FOOD [] AM [] PM []

AMOUNT PER FEEDING _____

BELONGINGS _____

Signature In: _____ Date: _____

Signature Out: _____ Date: _____