Lodging Check-In & Itinerary

Owners with confirmed reservations...please use this form to speed up your check-in. PRINT it, COMPLETE it & BRING it with you!

Dogs Name: _____

Owners Name: _____

1) When is your dog scheduled to arrive & depart?

	Day	Date	Time
Check-In:			
Check-Out			

2) Tell us about your dog's eating preferences:

FEEDING INSTRUCTIONS	How Much Dry Food?	How Much Wet Food?	Treats?	Other:
AM Feeding				
PM Feeding				
Additional Information:				

3) What belongings are you bringing for your dog? Please check/list all belongings.

☐ Collar Color -	☐ Leash Color -	☐ Bag Describe -
☐ Food Brand -	☐ Treats Brand -	☐ Food Scoop Describe -
☐ Food Container Describe -	☐ Bedding Describe -	☐ Toys Describe -
☐ Additional Items		

4) Please select any departure services or add-ons you would like for your dog's stay:

DEPARTURE SERVICES		
☐ Toe Nail Trim $12	☐ Freshen Up Dry Bath $8	☐ Basic Exit Bath $20-$33
☐ 10 Minute Brush Out $5	☐ Every Day ☐Every Other Day ☐Once	Start Service On?

ADD-ON ITEMS		
☐ 10 Minutes of Private Play $10	☐ Every Day ☐Every Other Day ☐Once	Start Service On?
☐ Happy Howies Snack Pack $5 2 - Mini Burgers, 1- 6"Jerky Strip, 1 - Lg Turkey Sausage, 1 - 11" Woof Stick	☐ Every Day ☐Every Other Day ☐Once	Start Service On?
☐ Frozen Marrow Bone $2	☐ Every Day ☐Every Other Day ☐Once	Start Service On?
☐ Frozen Kong $2 Fill - ☐Peanut Butter ☐ Pumpkin	☐ Every Day ☐Every Other Day ☐Once	Start Service On?
☐ Frozen Yogurt/Ice Cream $2	☐ Every Day ☐Every Other Day ☐Once	Start Service On?
☐ Holiday Meal $10 – homemade meal, available on Major Holidays Only		
☐ How's My Dog Updates $2/day	☐ Every Day ☐Every Other Day ☐Once	Start Service On?

5) MEDICATIONS: Please write fill out all sections below for each medication

Medication:	Med Description:	Reason:
Dosage:	Frequency:	How to Administer?
When is the next dosage to be given?	Additional Information:	

Medication:	Med Description:	Reason:
Dosage:	Frequency:	How to Administer?
When is the next dosage to be given?	Additional Information:	

Medication:	Med Description:	Reason:
Dosage:	Frequency:	How to Administer?
When is the next dosage to be given?	Additional Information:	

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Medication:	Med Description:	Reason:
Dosage:	Frequency:	How to Administer?
When is the next dosage to be given?	Additional Information:	

6) Additional information about your dog's stay: _____

_____

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