

**Spring Meadow/Doggy Daycare Boarding Check-In Form**

Boarding Dates/Times : \_\_\_\_\_ TO \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pet(s) Name(s): \_\_\_\_\_

***I give permission for the above-mentioned pets to be boarded in the same cage during their stay \_\_\_\_ (initial)***

**EMERGENCY INFORMATION**

- Please Contact me first
- Yes, please treat my pet as necessary without contacting me first
- No, do not treat my pet until you contact me
- Please contact my emergency contact to make treatment decisions in my absence:

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**FEEDING INSTRUCTIONS:**

- Please feed my pet's own food that I brought
- Please feed food provided by SMVC/DDC (**\$3/day**)

How often should we feed your pet? **CIRCLE ONE:**

*Once a day (AM or PM)      Twice a day      Three times a day      Other \_\_\_\_\_*

What amount of food should be given per feeding? \_\_\_\_\_

I give permission to add any of the following to my pets food IF they are NOT eating (\*no additional cost):

- \*Canned Food     \*Water     \*Cheese     \*Broth     \*Pumpkin     Probiotic (additional \$1/day)

**PERSONAL BELONGINGS** We cannot be held accountable for any damaged or lost belongings.

Please list below belongings brought with your pet:

\_\_\_\_\_

**Health or Behavioral Concerns? Check all that apply:**  Arthritis     Storm Anxiety     Fear of cage

Fear of other dogs     Deaf     Fearful of People     Allergies – please specify \_\_\_\_\_

Separation Anxiety     Other \_\_\_\_\_

**MEDICAL INFORMATION**

Is your pet on any medication?     YES     NO

**IF YES, please fill out section below:** (Please note a \$2.50 per day charge will be added to the boarding fee\*)

Name of pet(s) on Medication: \_\_\_\_\_

When was last dose administered? \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose/Directions: \_\_\_\_\_

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**FLEAS:** If fleas are present on your pet(s), he/she will be treated with flea medication at your expense\_\_\_\_(initial)

**SPA TREATMENT SERVICES**

- Bath – Shampoo, Conditioner, Cage Dry - (Given at a discounted rate after 3 nights of boarding \$10)
- Toe Nail Trim (\$11.50 – additional charge may apply)
- Filing of nails (\$11.50)
- Anal Glands Expressed (\$22.50)
- Brush out (\$10)
- Exam by Dr while boarding – (\$49) *please request separate form to fill out*

**ADD-ON TREATS**

- |   |       |               |              |
|---|-------|---------------|--------------|
| <input type="checkbox"/> Stuffed Kong treat (\$2.50/Each)           | Daily | Once per stay | Other: _____ |
| <input type="checkbox"/> Frozen Yogurt Treat (\$2.00/Each)          | Daily | Once per stay | Other: _____ |
| <input type="checkbox"/> Green Bean Dinner add-on (\$1.50/Each)     | Daily | Once per stay | Other: _____ |
| <input type="checkbox"/> Grilled Chicken Dinner add-on (\$3/Each)   | Daily | Once per stay | Other: _____ |
| <input type="checkbox"/> Beggin' & Eggs Breakfast add-on (\$3/Each) | Daily | Once per stay | Other: _____ |

**PLAY – EXPLORE – LEARN – EXERCISE ADDITIONAL SERVICES:**

- Daycare** – All daycare attendees MUST be approved with a free evaluation prior to allowing daycare service

Please circle each day(s) of the week you would like them to attend doggy daycare (\$10/day):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

- Play Time** – one-on-one play with attendant, plus additional walk (\$10 per day (15 min session))

Please circle each day(s) of the week you would like them to have 1-on-1 play (\$10/day):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

- Daily Photo Update** (\$3 PER DAY)

PLEASE CHECK YOUR PREFERENCE:

TEXT

PHONE NUMBER: \_\_\_\_\_

EMAIL

EMAIL ADDRESS: \_\_\_\_\_

**We require ALL dogs to have had a negative fecal exam within 6 months of their stay. If your dog has not had a recent fecal exam, we will collect a fecal sample and run the test in our in-house laboratory (\$29).** If you dog's fecal exam is positive for parasites, then your pet will be treated as necessary at owner’s expense and limited to walks in a designated area to reduce the risk of transmitting parasites to our other boarders. \_\_\_\_\_ **(Please initial)**

**The undersigned acknowledges contracting for the above services and understands that any/all costs incurred will be the responsibility of the pet owner, and he/she is responsible for all balances due.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_