

K9 Team Training Overnight Check-In

Owner's Name: _____ Phone: _____

My Destination: _____ Phone: _____

Person Authorized to Pick-up: _____ Phone: _____

Pet(s) Name: _____

Please Select Boarding Style:

- Play & Stay - Group Play Socialization
 Individual - One on One Yard Time

Check-In Date: _____ Time: _____

Check-Out Date: _____ Time: _____

Please Select Suite:

- Classic - 4x6 Indoor Suite
 Royal - 6x8 Indoor Suite (coming soon)

Pets not picked up prior to closing will assess a late fee of \$15 for the first 30 minutes after closing. After the first 30 minutes after close, the Pet Guests will be considered an overnight guest and be charged for an additional night's stay.

Please let us know if there have been any changes to your Pet's Profile Sheet (i.e. Phone Number, Email, Veterinarian)

PET FOOD INFORMATION

Check One:

- I have supplied and labeled my pet(s) pre-measured food in separate Ziploc bags for each feeding.
 I am requesting that my pet(s) eat K9 Team Training house cuisine I understand that there is an additional charge of \$2 per day.

In the event my pet decides to be a finicky eater, is it okay to use some enticement measures: Yes / No

Pet Name: _____ Separate while feeding if Sharing suite with family? Yes / No

Morning Feed: _____ Cups/Bags, mixed with: _____

Lunch Feed: _____ Cups/Bags, mixed with: _____

Evening Feed: _____ Cups/Bags, mixed with: _____

Notes: _____

Pet Name: _____ Separate while feeding if Sharing suite with family? Yes / No

Morning Feed: _____ Cups/Bags, mixed with: _____

Lunch Feed: _____ Cups/Bags, mixed with: _____

Evening Feed: _____ Cups/Bags, mixed with: _____

Notes: _____

MEDICAL INFORMATION

Does your pet have any old or current injuries/health concerns that require special attention? Yes / No

If yes, please explain: _____

Does your pet have any allergies to medication and/or food? Yes / No

If yes, please explain: _____

Additional medical information: _____

Medication Instructions

Medication	Dosage	Time	Reason
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

PET SERVICES

Initial Selection(s):

Number:

Frequency

Circle One:

Quantity

Insert

<input type="checkbox"/> Busy Bone - \$4 Frozen Peanut Butter Kong	daily / once / dates _____	_____
<input type="checkbox"/> Nature Walk - \$15 20 minutes Nature trail hike with personalized attention	daily / once / dates _____	_____
<input type="checkbox"/> Doggy Cuddle - \$10 15 minutes of personalized attention with lots of cuddles and a brush-out.	daily / once / dates _____	_____
<input type="checkbox"/> Nail Trim - \$15 Nail cut and smoothing	daily / once / dates _____	_____
<input type="checkbox"/> Basic Bath - \$ Shampoo, brush-out, ear cleaning & nail trim	daily / once / dates _____	_____
<input type="checkbox"/> Full Grooming Service	daily / once / dates _____	_____

POLICY REMINDERS

Please initial on each line.

_____ **Weekend Check Out Time by 10am** Pets not picked up by 10am will be charged a half day rate of \$20.

_____ **My pet is in good health and has not been exposed to any contagious or communicable illnesses within the past 30 days.**

_____ I understand that my pet will receive a dose of Capstar, at a cost of \$10, if fleas are noticed on my dog.

_____ My pet has been tested in the last year for intestinal parasites and is free and clear of all intestinal parasites.

I hereby represent that all information provided in this document is accurate, and I agree to pay for all services and fees herein. I further agree that my pet's boarding is subject to the terms and conditions set forth in the K9 Team Training Client Agreement that I have previously signed.

CLIENT SIGNATURE: _____ DATE: _____