

NEFFSVILLE PET RESORT CANINE CHECK-IN FORM

Checked in by: _____

Weight: _____

Pet's Name		Owner's Name(s) <small>First and Last</small>	
Acct #	Drop-Off Date	Pick-Up Date	Pick-Up Time AM / PM
Room: _____	Rate: _____	Room Change: _____	

Primary Contact: _____ Phone number: _____

Emergency Contact (local): _____ Phone number: _____

Is this person authorized to pick up your dog? **YES / NO**

Feeding Instructions		Own Food or NVC Science Diet		Last Meal:	
Quantity	AM	NOON	PM	OTHER	

If necessary, may we entice your dog to encourage them to eat? (parm cheese, wet food, treats, peanut butter, etc): **YES / NO**

If your dog has diarrhea, may we feed them Hill's Gastrointestinal Biome Diet? (Charge of \$3/day) **YES / NO**

Has your dog experienced any coughing/sneezing/diarrhea/vomiting in the last 10 days? **YES / NO**

Behavioral or Health Concerns, Lumps/Bumps, etc.: _____

Known Allergies? **YES / NO** Please list if applicable: _____

Does your dog need to be walked on a harness? **YES / NO** If "yes," is there a medical reason? _____

Does your dog require medication during their stay? **YES / NO** If "yes," please fill out a medication form.

Additional Notes: _____

Lodging Enrichments		
<i>Included in daily schedule: four potty break walks (three on Sundays)</i>		
Spa	Kongs	Activities
<input type="checkbox"/> Nail trim \$20 <input type="checkbox"/> Bath Under 40lbs \$28 Over 40lbs \$33 <input type="checkbox"/> Spa Package (Bath & Nails) Under 40lbs \$39 Over 40lbs \$44 <input type="checkbox"/> Coat Brushing \$6 <input type="checkbox"/> Toothbrushing \$6	<input type="checkbox"/> 1 Kong \$7 <input type="checkbox"/> 2 Kongs \$13 <input type="checkbox"/> 3 Kongs \$18 Please select the filling: <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Pumpkin <input type="checkbox"/> Wet Food	How many activities would you like? <input type="checkbox"/> 1 Activity \$7 <input type="checkbox"/> 3 Activities \$18 <input type="checkbox"/> 7 Activities \$35 <input type="checkbox"/> 18 Activities \$85 <i>*2 per day maximum</i> Number of Activities: <input type="checkbox"/> Playtime <input type="checkbox"/> Snuggle Time <input type="checkbox"/> Extra Walk <input type="checkbox"/> Play Partner Evaluation \$32
Nurse or Groomer Express Services (depending on appointment availability): <input type="checkbox"/> Nail Trim <input type="checkbox"/> Anal Glands <input type="checkbox"/> Other: _____		

I have reviewed and concur with all check-in information. I understand there is not an overnight attendant. I agree to pay for the above selected services and nightly lodging. I understand that I am allowed to, but discouraged from, bringing in personal items (including beds) for my pet to use during lodging. Neffsville Veterinary Clinic will not be held responsible for any lost, damaged, or soiled items. Any pet left unclaimed for 7 days from the scheduled check-out date shall become property of NVC.

Signature: _____

Date: _____