

Neffsville Pet Resort Canine Check-in Form

Client Name:		Pet Name:	
Account #:		Breed:	
Phone #:		Age:	
Email Address:		Gender:	

_____ will be staying in _____ (\$____/night) from _____ to _____.
 ROOM CHANGE? _____ (\$____/night) from _____ to _____

Primary Contact: ☐ Owner ☐ Other: _____ **Phone Number:** ☐ On file ☐ Other: _____
 Preferred method of contact: ☐ Phone ☐ Email Alternate Number (Optional): _____
Emergency Contact: _____ **Phone Number:** _____ **Authorized to pick up pet?** ☐ Yes ☐ No

Feeding	Type	Amount	When to Feed	Last Meal @ Home	Treats/Extras
<input type="checkbox"/> Own Food	<input type="checkbox"/> Dry		<input type="checkbox"/> Breakfast		
<input type="checkbox"/> In-House Food (Hills & Purina)	<input type="checkbox"/> Wet		<input type="checkbox"/> Lunch		
	<input type="checkbox"/> Other		<input type="checkbox"/> Dinner		

If necessary, may we entice your dog to encourage them to eat? (cheese, wet food, treats, peanut butter, etc.) ☐ 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: _____

SPA SERVICES			
FOR PR STAFF USE: <input type="checkbox"/> PR NT OK <input type="checkbox"/> IP/GR NT			
Disclaimer: nail trims cannot be guaranteed due to temperament, behavior, staffing, length of stay, and appointment availability. The spa package cannot be guaranteed for overnight lodging. Additional fees may accrue for services performed by nurses or groomers.			
<input type="checkbox"/> Bath (under 40lbs) \$30	<input type="checkbox"/> (PR) Nail Trim \$22	<input type="checkbox"/> Spa Package (bath & nails <40lbs) \$41	<input type="checkbox"/> Coat Brushing \$6
<input type="checkbox"/> Bath (over 40lbs) \$35	<input type="checkbox"/> Nurse/Groomer NT \$26.02	<input type="checkbox"/> Spa Package (bath & nails >40lbs) \$48	<input type="checkbox"/> Teeth Brushing \$6
Express Service Appointments (depending on nurse/groomer appointment availability): <input type="checkbox"/> Anal Gland Expression <input type="checkbox"/> Other: _____			

FROZEN KONGS	Quantity: <input type="checkbox"/> 1 Kong \$8 <input type="checkbox"/> 2 Kongs \$14 <input type="checkbox"/> 3 Kongs \$18	Filling: <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Pumpkin <input type="checkbox"/> Wet Food
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ACTIVITIES			
FOR PR STAFF USE: <input type="checkbox"/> PLAY PARTNER APPROVED <input type="checkbox"/> N/A			
Included in daily schedule: four potty break walks (three on Sundays). Activity packages are distributed throughout entire stay, not daily.			
Daily limit of 2 activities			
<input type="checkbox"/> 1 Activity \$8	<input type="checkbox"/> 7 Activities \$36	<input type="checkbox"/> 1x/day (Pet Resort Staff will calculate total to give you the best deal)	<input type="checkbox"/> Play Time <input type="checkbox"/> Extra Walk
<input type="checkbox"/> 3 Activities \$19	<input type="checkbox"/> 18 Activities \$88	<input type="checkbox"/> 2x/day	<input type="checkbox"/> Snuggle Time <input type="checkbox"/> Play Partner Evaluation \$34

I agree to pick up my pet on _____ in the
☐ AM (Mon-Fri 8-11 / Sat 8:30-11 / Sun 10-12) ☐ PM (Mon-Fri 4-7 / Weekend 3-5)

If you anticipate any changes, please contact the Pet Resort via phone or email to update the staff on the status of the reservation

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: _____ Checked-in By: _____ Weight: _____