

# Neffsville Pet Resort Canine Check-in Form

<b>Client Name:</b>	<b>Pet Name:</b>
<b>Account #:</b>	<b>Breed:</b>
<b>Phone #:</b>	<b>Age:</b>
<b>Email Address:</b>	<b>Gender:</b>

\_\_\_\_\_ 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"/> Other		<input type="checkbox"/> Lunch <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
<b>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.</b>				
<input type="checkbox"/> Bath (under 40lbs) \$29	<input type="checkbox"/> (PR) Nail Trim \$21	<input type="checkbox"/> Spa Package (bath & nails <40lbs) \$39	<input type="checkbox"/> Coat Brushing \$6	
<input type="checkbox"/> Bath (over 40lbs) \$34	<input type="checkbox"/> Nurse/Groomer NT \$24	<input type="checkbox"/> Spa Package (bath & nails >40lbs) \$44	<input type="checkbox"/> Teeth Brushing \$6	
<b>Express Service Appointments</b> (depending on nurse/groomer appointment availability): <input type="checkbox"/> Anal Gland Expression <input type="checkbox"/> Other: _____				

<b>FROZEN KONGS</b>	<b>Quantity:</b> <input type="checkbox"/> 1 Kong \$7 <input type="checkbox"/> 2 Kongs \$13 <input type="checkbox"/> 3 Kongs \$18	<b>Filling:</b> <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
<b>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*</b>				
<input type="checkbox"/> 1 Activity \$7	<input type="checkbox"/> 7 Activities \$35	<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 \$18	<input type="checkbox"/> 18 Activities \$85	<b>OR</b> <input type="checkbox"/> 2x/day	<input type="checkbox"/> Snuggle Time	<input type="checkbox"/> Play Partner Evaluation \$33

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: \_\_\_\_\_