## **Neffsville Pet Resort Canine Check-in Form**

Client Name:			I			
Cheffe Hame.			Pet Name:			
Account #:			Breed:			
Phone #:			Age:			
Email Address:			Gender:			
will be staying in (\$/night) from to						
	ROOM CHANGE? (\$					
Primary Contact: Owner Other: Phone #: On file Other:						
					<del></del>	
Preferred method of contact: Phone Email Alternate # (optional):						
Local Emergency Contact: Phone #: Authorized to pick up pet?  Yes No						
Feeding	Туре	Amount	When to Feed	Last Meal @ Home	Treats/Extras	
Own Food	Dry	Pre-packaged	Breakfast			
In-House Food	Wet	cup(s)	Lunch			
(Hills & Purina)	Other	can	☐ Dinner			
If necessary, may we entice your dog to encourage them to eat? (cheese, wet food, treats, peanut butter, etc.) <b>YES NO</b>						
Has your dog experienced any coughing/sneezing/diarrhea/vomiting in the last 10 days? TES 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 or supplements during their stay? YES NO If "yes," please fill out a medication/supplement form.						
Additional Notes:						
SPA SERVICES FOR PR STAFF USE: PR NT OK IP/GR NT N/A						
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.						
	uaranteea for overnight	. louging. Additional jees ma	, , ,			
Bath (under 40lbs) \$3			Package (bath & nails <40l	bs) \$42 Coat B	rushing \$6	
_	O (PR) Nail Tr	im \$22 Spa			rushing \$6 Brushing \$6	
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 Signature:
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 \_\_\_\_\_\_ Weight:
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