

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 # :** On file Other: _____
 Preferred method of contact: Phone Email **Alternate # (optional):** _____
Local Emergency Contact: _____ **Phone # :** _____ **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"/> Pre-packaged	<input type="checkbox"/> Breakfast		
<input type="checkbox"/> In-House Food (Hills & Purina)	<input type="checkbox"/> Wet <input type="checkbox"/> Other	<input type="checkbox"/> _____ cup(s) <input type="checkbox"/> _____ can	<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 or supplements during their stay? YES NO If "yes," please fill out a medication/supplement form.

Additional Notes: _____

SPA SERVICES				FOR PR STAFF USE: <input type="checkbox"/> PR NT OK <input type="checkbox"/> IP/GR NT <input type="checkbox"/> N/A
<i>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.</i>				
<input type="checkbox"/> Bath (under 40lbs) \$30	<input type="checkbox"/> (PR) Nail Trim \$22	<input type="checkbox"/> Spa Package (bath & nails <40lbs) \$42	<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"/> P.P. APPROVED <input type="checkbox"/> IN PROGRESS <input type="checkbox"/> N/A
<i>Included in daily schedule: four potty break walks (three on Sundays). Activity packages are distributed throughout entire stay, not daily. Our Play Partners Program allows dogs to play with other dogs, and requires a one-time evaluation. *Daily limit of 2 activities.*</i>				
<input type="checkbox"/> 1 Activity \$8	<input type="checkbox"/> 7 Activities \$37	<input type="checkbox"/> 1x/day	(Pet Resort Staff will calculate total to give you the best deal)	
<input type="checkbox"/> 3 Activities \$20	<input type="checkbox"/> 18 Activities \$90	OR <input type="checkbox"/> 2x/day		
			<input type="checkbox"/> Play Time	<input type="checkbox"/> Extra Walk
			<input type="checkbox"/> Snuggle Time	<input type="checkbox"/> Play Partner Evaluation \$35

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 [drop off ends @ 6:30] / 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 understand that there is a \$25 fee per occurrence for dropping off or picking up my pet(s) outside of the designated lodging times (listed on the left).

initials: _____

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: _____