

Silver Paw Pet Resort

Boarding Check-In & Check-Out

Intake Weights:

- 1) _____
- 2) _____
- 3) _____

NOTE: Has your pet visited any public places in the past 2 weeks?

Vet/Pet Store/Dog Park/Flea Markets/etc...? Yes _____ No _____

***** DOES YOUR PET HAVE AND UNDERLYING MEDICAL CONDITIONS OR ALLERGIES? *****

NO YES Please Inform: _____

Owner: _____ Pet's Name: 1) _____ 2) _____ 3) _____

Emergency no. while you are away: _____

Pick Up Date: _____ **Time:** _____ **AM/PM**

Are Your Pets Boarding: Together _____ OR Separately _____

If Boarding Separately – Can they safely Potty together? _____ Playtime together? _____

Feeding Instructions: AM Lunch PM FREE FEED

OWN FOOD? Yes _____ **KENNEL FOOD? Yes** _____ **\$2.00-\$5.00 daily**

Dry Kibble: _____ Cups Canned: _____ Can Mix? _____

Special Request: _____

Daily Medications (Including Supplements/Vitamins) **MUST BE IN ORIGINAL CONTAINER**

1. Medication _____ Dosage: _____

Reason for using: _____ AM PM

2. Medication: _____ Dosage: _____

Reason for using: _____ AM PM

3. Medication: _____ Dosage: _____

Reason for using: _____ AM PM

Has your Pet received these medications today? YES NO

If Yes, which one(s) AND what time(s)? _____

INITIAL IN BOX @ "ADD ON" SERVICES – THESE ARE IN ADDITION TO BASE RATES

<input type="checkbox"/> Bath & Ears	<input type="checkbox"/> Outdoor Kennel - \$7 per night	<input type="checkbox"/> Kitty Free Time - \$4
<input type="checkbox"/> Nail Grinding	<input type="checkbox"/> Dog Playtime - \$6 per dog	<input type="checkbox"/> Pool Time - \$10
<input type="checkbox"/> Brush Out	<input type="checkbox"/> Leash Walk - \$6 Each	<input type="checkbox"/> _____
<input type="checkbox"/> DeShed	<input type="checkbox"/> Nature Hike - \$12 Each	<input type="checkbox"/> _____
<input type="checkbox"/> Full Groom (HairCut)	<input type="checkbox"/> Daycare \$15 per session	<input type="checkbox"/> _____

DUE TO INGESTION HAZZARDS: IS YOUR PET ALLOWED BEDDING? Yes _____ No _____

LIST ALL PERSONAL ITEMS IN DETAIL – COLOR – DESCRIPTION - ETC

PLEASE PUT YOUR PETS NAME ON ALL BELONGINGS WITH A PERMANENT MARKER

If you leave items with your pet (ie), toys, blanket, bags, food containers, etc....
Make sure that you have all of your items before leaving at check out.

PET CHECK IN

Signature of person checking Pet in: _____ date: _____

Signature of Kennel Staff: _____ date: _____

PET CHECK OUT

Signature of person checking Pet out: _____ date: _____

Signature of Kennel Staff: _____ date: _____

Staff Notes:

Recording Staff's Initials: _____