***Silver Paw Pet Resort***

**Intake Weights:**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Boarding Check-In & Check-Out**

**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

1. Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for using: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM PM

1. 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)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE INITIAL “ADD ON” SERVICES – THESE ARE IN ADDITION TO BASE RATES**

Bath & Ears Outdoor Kennel - $7 per night Kitty Free Time - $4

Nail Grinding Dog Playtime - $6 per dog Pool Time - $10

Brush Out Leash Walk - $6 Each \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DeShed Nature Hike - $12 Each \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Groom Daycare $15 per session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (HairCut)

**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, 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: \_\_\_\_\_\_\_\_\_\_\_\_