



PARADISE RANCH PET RESORT CHECK IN SHEET

- Bath - Groomers Gratuity Amount: \$ _____
 - Brush Outs: \$5.00 and up Qty _____
 - Nails Only \$10.00
 - Teeth Brushing \$8.00 Qty: _____
 - Mid Bath (Mandatory, boarding 2 wks or more)
 - Flea Protection - Mandatory, \$25.00 per tube
 - Training: Type of Training: _____
 - Training Leash/Collar: (Prices varies per size)
 - Teddy Treats \$6.99 Qty: _____
 - Pet Massage \$35.00 Qty: _____
 - Swim or Docking Diving Lessons \$35.00 Qty _____
 - Pet Cab Delivery - Date: _____ Time: _____
 - Pet Name Tag \$6.99 Phone # _____
- NOTE: Pet(s) picked up after 11am Mon-Sat & Sun after 1pm - Daycare fee \$35.00**

Arrival Date: _____ Time In: _____ Guardian's Name: _____

Pet(s) Name: _____ Pet(s) Name: _____

Travel Destination: _____ Date: _____ To: _____ Tel.# _____

Travel Destination: _____ Date: _____ To: _____ Tel.# _____

Email: _____ Local Emergency Contact: _____ Tel.# _____

Name of Authorized Individual(s) Picking up Pet(s): _____ Tel.# _____

Pet's Departure Date: _____ Pickup Time: (Please Be Specific): _____

Please describe ALL belongings coming in with your pet(s) for this visit. Don't leave Leashes, Bowls, Toys or Bedding.

Food Description: BRAND NAME / AMOUNT (What Type of Container) _____

Afternoon Feeding applies to puppies only. All other pets will be fed morning / evening.

Morning Feeding: _____ Cups Dry Food Mixed With _____ can + _____

Afternoon Feeding: _____ Cups Dry Food Mixed With _____ can + _____

Evening Feeding: _____ Cups Dry Food Mixed With _____ can + _____

Other Feeding Information: _____

Medication / Supplements: _____

IS YOUR DOG ALLERGIC TO ANY FOOD? Yes

If we run out of your pet's food, what do you want us to feed? Your Brand **(Store Trip: \$25.00)**

In House Brand - In House Brand of food is **California Natural.**

Check One: Chicken/Rice Grain Free Chicken Lamb/Rice Grain Free Lamb Herring/Swt. Potato Puppy

IS YOUR DOG CURRENT ON A FLEA TREATMENT? Yes OR NO **DATE APPLIED LAST** _____

Guardian or Authorized Agent's Signature: X _____ Office Signature _____

CHECK IN Attendant's Use Only Checked in by _____		
Condition of: _____	Condition of: _____	Condition of: _____
Eyes: _____ Ears _____	Eyes: _____ Ears _____	Eyes: _____ Ears _____
Skin/Coat: _____	Skin/Coat: _____	Skin/Coat: _____
Weight _____ Locker # _____	Weight _____ Locker # _____	Weight _____ Locker # _____

CHECK OUT		
Condition of: _____	Condition of: _____	Condition of: _____
Eyes: _____ Ears _____	Eyes: _____ Ears _____	Eyes: _____ Ears _____
Skin/Coat: _____	Skin/Coat: _____	Skin/Coat: _____
Weight _____ Locker # _____	Weight _____ Locker # _____	Weight _____ Locker # _____

Luggaged Checked out by _____ K-9 Tech Signature _____ Guardian Signature _____