

PARADISE RANCH PET RESORT CHECK IN SHEET

<input type="checkbox"/> Bath Groomers Gratuity Amount: \$ _____ <input type="checkbox"/> Brush Outs: Qty _____ <input type="checkbox"/> Nails Only \$10.00 <input type="checkbox"/> Mid Bath (Mandatory, boarding 2 wks or more) <input type="checkbox"/> Flea Protection - Mandatory, \$25.00 per tube <input type="checkbox"/> Training: Type of Training _____ <input type="checkbox"/> Training Leash/Collar: (Prices varies per size) _____	<input type="checkbox"/> Pet Massage, \$35.00 per half hour: Qty. _____ <input type="checkbox"/> Swimming Lesson: \$35.00 Qty: _____ <input type="checkbox"/> Docking Diving Lessons: \$35.00 Qty. _____ <input type="checkbox"/> Pet Cab Delivery Date: _____ Time: _____ **NOTE: If you wish to pick up your pet(s) after 11am Monday-Saturday there will be a daycare fee of \$35. Sunday checkouts are until 1pm w/out daycare fee**
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Arrival Date _____ Time In: _____ Guardian's Name : _____
 Pet(s) Name: _____ Pet(s) Name: _____
 Travel Destination: _____ Date: _____ to _____ Tel# _____
 Travel Destination: _____ Date: _____ to _____ Tel# _____
 E-Mail : _____ Emerg. Contact: _____ Tel# _____
 Name of Authorized Individual(s) Picking up Pet(s): _____ Tel# _____
 Pet's Departure Date _____ Pick up Time: _____ (Please be specific with departure time)

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: _____

***If we run out of your pets food, what do you want us to feed? (Your Brand for Store Trip \$25.00)** _____

*** IS YOUR DOG ALLERGIC TO ANY FOOD** Yes

* In house Brand of food is California Natural. If you would like to purchase IN HOUSE BRAND Check Here _____
 Circle 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 _____