



PARADISE RANCH PET RESORT CHECK IN FORM

<input type="checkbox"/> Bath - Groomers - Gratuity Amount: \$ _____	<input type="checkbox"/> Training: Type of Training: _____
<input type="checkbox"/> Brush Outs: \$5.00 & up Qty: _____	<input type="checkbox"/> Treats \$7.99 - Qty: _____
<input type="checkbox"/> Nails Only \$10.00	<input type="checkbox"/> Name Tag \$6.99 (Required to wear a tag with current info)
<input type="checkbox"/> Teeth Brushing \$8.00	
<input type="checkbox"/> Mid Bath (Mandatory, boarding 2 wks or more)	
<input type="checkbox"/> Flea Protection - Mandatory, \$25.00 per tube	

NOTE: Pet(s) picked up after 2pm MONDAY-SUNDAY will have a Daycare fee of \$35

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

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

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

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

Email: _____ **Emerg. Contact:** _____ Tel.# _____

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

Pet's Departure Date: _____ **Pickup 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 pet's food, what do you want us to feed? **(Your Brand for Store Trip)** _____

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: Venison/Potato, Grain Free Chicken, Fish/Sweet Potato, Grain Free Lamb, Duck/Potato

IS YOUR DOG CURRENT ON A FLEA TREATMENT? YES NO **DATE APPLIED** _____

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

CHECK IN Attendant's Use Only | Checked in by _____

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

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

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

CHECK OUT

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

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

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

Luggage Checked out by _____

K-9 Tech Signature _____

Guardian Signature _____