



Hotel Check-In Form

Boarding Information

Boarding Dates:

Check-in Date: _____ Time: _____

Check-out Date: _____ Time: _____

Emergency Contact #1 Name & Phone Number: _____

Emergency Contact #2 Name & Phone Number: _____

***Emergency contact(s) are REQUIRED. Contact(s) CANNOT be yourself, or someone traveling with you. They MUST be someone nearby and readily available during your pet's stay.**

Diet and Feeding Information

Please check one:

☐ Brought Own Food

☐ Pet Hotel Food (Hills Sensitive Skin and Stomach Dry Food)

Meals Per Day: ☐ Breakfast ☐ Lunch ☐ Dinner

Amount per Meal (Please be specific):

Which meals still need to be fed today?

☐ Breakfast ☐ Lunch ☐ Dinner

Does your pet have any food limitations (e.g., allergies, sensitivities)?

☐ Yes ☐ No

If yes, please describe:

Can your pet have our treats (Dogs: Milk Bones. Cats: Temptations or Churus)?

☐ Yes ☐ No

Grooming Consent

Would you like to book your pet a grooming salon appointment?

☐ Yes ☐ No

If so, what services would you like done:

Medical Information

My pet is on flea/tick/parasite prevention:

☐ Yes ☐ No

If yes, what brand: _____ When was last dose given? _____

Current Medications/Supplements (include name, dosage, frequency, and last given):

Medication 1: _____

Dosage: _____ Frequency: _____ Last Given: _____

Medication 2: _____

Dosage: _____ Frequency: _____ Last Given: _____

Medication 3: _____

Dosage: _____ Frequency: _____ Last Given: _____

***All medications/supplements MUST be in their original labeled containers.**

Are there any other medical conditions we should be aware of (e.g., limping, allergies, sight loss, coughing/sneezing)? NO/ YES: _____

Medication Fee: (Includes supplements & prescription medications): \$10.50-\$21/day

Emergency Medical Consent

Please check one:

- ☐ Perform any medical diagnostics/treatment as deemed necessary, regardless of price.
- ☐ Perform any medical diagnostics/treatment as deemed necessary, only up to \$_____.
- ☐ Please call/text for consent before providing any medical diagnostics/treatment.

***Please be aware that if we are unable to reach you or your emergency contact, and your pet requires medical attention as deemed necessary by our veterinary team, your signed boarding contract authorizes our veterinarians to perform treatment and diagnostics, for which the owner is responsible for the associated costs.**

Boarding Selections:

Dog Boarding

Overnight stays include a standard room, bedding, dry food, water, bowls, 4x daily outside potty breaks, toys, and treats.

- ☐ **Single Dog Boarding** – \$69/night
- ☐ **Multi-Pet Dog Boarding** - \$64/night

Cat Boarding

Overnight stays include a standard room, bedding, dry food, water, bowls, litter & litter box, daily exploration time, toys, and treats.

- ☐ **Single Cat Boarding** – \$47.75/night
- ☐ **Multi-Pet Cat Boarding** – \$42.50/night

Suite Options:

- ☐ **Extra Large Suite Upgrade** - additional \$26.50/night
- ☐ **Luxury Cat Play Room** - \$74/night per cat

Additional Services:

- ☐ **Additional Outside / Play & Cuddle Time** - \$10.50/session _____ (#) of sessions per (choose one) **DAY** **STAY**
- ☐ **Frozen Kong** – \$7.85 per treat _____ (#) of Kongs per (choose one) **DAY** **STAY**
- ☐ **Peanut Butter Dippers** – \$6.90 per treat _____ (#) of PB Dippers per (choose one) **DAY** **STAY**
- ☐ **Catnip Frenzy** – \$5.80 per playtime session w/catnip _____ (#) of sessions per (choose one) **DAY** **STAY**

Pet Luggage: Please list all items brought with your pet:

Acknowledgment and Agreement

By signing below, I acknowledge and agree to the terms listed on this form, verify the information provided is correct, and agree to the charges listed above.

Owner's Name: _____

Signature: _____

Date: _____