



INDIAN TRAIL ANIMAL HOTEL

Boarding Check-In

Please ensure that your emergency contact is aware that you have given their name and is willing & able to make decisions regarding the care and well-being of your pet.

| | | | |
|--|-----------------|--|--------------|
| Client Name | | Pet Name | Admitted By: |
| | | | |
| Contact Phone: | Contact Email: | Would you like to receive an update during your pet's stay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> email or <input type="checkbox"/> text | |
| Emergency Contact/ Alternative Pick-up Name: | | Emergency Contact/ Alternative Pick-up Phone: | |
| Check-in Date: | Check-out Date: | Pick-up Time:* (by 1PM or ½ day charge will apply) | |
| | | | |

Extra Comfort and Playtime

- I want my pet to receive INDIVIDUAL PLAY TIME *Additional cost of \$11.00 per session. How many days? ____
- I want my pet to receive TUCK-IN TREATS * Additional cost of \$3.25 per night. How many nights? ____

Personal Belongings (please list): _____

Medications

Medication Administration Fee - \$5.50 per day

(must be in the original container. If medications are not provided, you will be charged at current rate)

| Medication Name | Dosage | Instructions | Date & Time Last Given |
|-----------------|--------|--------------|------------------------|
| | | | |
| | | | |
| | | | |

Additional Requested Services (please check):

- Nail Trim Ear Cleaning Anal sac expression Other: _____
- Bath* (charge based on patient's weight) Exam with Dr. (please fill out separate medical questionnaire)

**Discounted \$5 if 3 or more night stay & late pick-up fee waived*

Authorized Signature: _____

Date: _____