

# Smudge's Dog House Check-in Form

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

**If Pet isn't picked up by Closing Time you will be charged additional night Boarding.**

<b>Daycare Check-in Time:</b> _____ <b>Check-out Time:</b> _____ <b>Hours past 6 hrs:</b> _____ <b>\$2 per hr</b> <b>Holidays:</b> _____ <b>\$3 per hr</b>	<b>Boarding Check-in Date:</b> _____ <b>Check-out Date:</b> _____ <b>Hours past 10am:</b> _____ <b>\$2 per hr</b> <b>Holidays:</b> _____ <b>\$3 per hr</b>
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Pet(s) Name: #1 \_\_\_\_\_, #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Please Circle all that apply

Explain

- Are you bringing Medication for your pet? Y / N \_\_\_\_\_
- Do you have any special concerns? Y / N \_\_\_\_\_
- Do you bring Food for your pet? Y / N How Often fed? \_\_\_\_\_
- Can your pet have Treats? Y / N            Do you want group playtime? Y / N
- Cuddle Time? Y / N \$10                      Game of Fetch? Y / N \$10 15 min, \$15 30 min
- Circle each ( Dental Chew \$2, Kong w/peanut butter \$2)
- 15 Minute Walk: Y / N \$10 30 Minute \$15
- Do you want us to wash your Pet? Y / N Cost: \_\_\_\_\_
- Nails Clip, Anal Glands, Teeth Brushed? Y / N \$10 for one or \$20 for all
- Do you want your Pet Brushed? Y / N Cost: \_\_\_\_\_
- Do you want 1 on 1 training for your pet? Cost: \_\_\_\_\_
- Do you want 1 on 1 playtime for your pet? \$10each Frequency(Circle) 1 , 2 , 3 per day

I understand that I will be charged for each visit to Smudge's Dog House including any add-ons selected above. Pet owner is aware that leaving sid pet at Smudge's Dog House or any other pet facility, said pet is at higher risk of contracting canine cough and feline upper respiratory disease. Pet Owner is releasing Smudge's Dog House of any resulting medical bills. While Smudge's Dog House takes great care in design and maintaining a high level of cleanliness, no vaccine is 100% guaranteed

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

<b>Employee Notes:</b>	
Note: _____	
_____	
Playtime: _____	
Fed at : _____	
Extra Service: _____ Time: _____	Extra Service: _____ Time: _____
Extra Service: _____ Time: _____	Extra Service: _____ Time: _____
Medication Given Date: _____ Time: _____	Medication Given Date: _____ Time: _____
Medication Given Date: _____ Time: _____	Medication Given Date: _____ Time: _____
Cost Due: Daycare/Boarding \$ _____ Extra Services: \$ _____	
Total Due: \$ _____	Extra Notes Written on Back