



Overnight Guest Check-In

Client: _____

Pet(s): _____

Check-In: Date: _____ Time: _____

Check-Out: Date: _____ Time: _____

My Destination: _____

Contact #: _____

Please indicate any changes/updates to my personal profile (i.e. new phone number, email, emergency contact(s), veterinarian): _____

UNDERSTANDING

Please initial on each line.

_____ * **CHECK OUT TIME IS 12 NOON (OR EARLIER)*** in order to allow housekeeping ample time to properly sanitize and prepare each suite for it's next guest that afternoon. Pets not picked up by 12 p.m. will require additional care and will be charged another night's fee, no matter what time they check-out.

_____ *Willow Lodge will ONLY admit or release my pet(s) during check-in/out hours.

This provides a calmer environment and allows staff to provide undivided attention to our guests.

CHECK-IN/OUT HOURS

MONDAY - FRIDAY	7:30 A.M. - 9:00 A.M.
11:00 A.M. - 12:00 P.M.	4:00 P.M. - 5:00 P.M.
SATURDAY	7:30 A.M. - 9:00 A.M.
SUNDAY	5:00 P.M. - 6:00 P.M.

_____ * For security reasons, proper photo ID may be required upon departure.

Check one.

_____ I will pick up my pet.

_____ I hereby authorize the following to pick up my pet: _____

Relationship: _____

_____ * We are NOT open for check-in and check-out on: New Year's Day, Memorial Day, Easter Sunday, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

_____ * My pet is in good health and has not been exposed to any contagious or communicable illnesses within the past 30 days.

_____ * I hereby represent that all information provided in this document is accurate and up-to-date and agree to pay (at check-out) for all services I have requested herein. I further agree that this stay is subject to the terms and conditions as set forth in the Guest Agreement I have signed previously.

SIGNATURE: _____

DATE: _____



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MEDICAL INFORMATION

Does your pet have any old or current injuries/health concerns that require special attention? Yes No

If yes, explain: _____

Are there any restrictions on your pet's activities or movements? Yes No

If yes, explain: _____

Is your pet allergic to any medications, foods or treats? Yes No

If yes, list and describe the reaction(s): _____

MEDICATION INSTRUCTIONS: ALL medications must be in original packaging & labeled from veterinarian.

MEDICATION	DOSAGE	REASON
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

DIET INFORMATION

AT HOME MY PET EATS: Dry Food (brand name): _____ Canned Food (brand name): _____

Initial one:

_____ My pet will eat Lodge cuisine at no additional charge. I understand intestinal issues may arise from change in diet.

_____ I have supplied (and labeled) my pet's food in a sealed container, no baggies please. No additional charge.

I understand in the event that my supply runs short, my Pet will be fed Lodge cuisine.

FEEDING INSTRUCTIONS:

Pet Name: _____

Morning Feed: _____ cups dry mixed with _____ can + _____

Evening Feed: _____ cups dry mixed with _____ can + _____

Notes: _____

Pet Name: _____

Morning Feed: _____ cups dry mixed with _____ can + _____

Evening Feed: _____ cups dry mixed with _____ can + _____

Notes: _____

For multiple dogs sharing the same suite must be able to eat together.

If they cannot eat together, they will be boarded seperately and charged accordingly.

In the event your pet decides to be a finicky eater, it is OK to use some enticement measures: Yes No

Special Requests (ask about additional charges for these services): Please check service requested

DayCamp(+\$20/day) **Playtime(\$10/ea)** **Walk(\$15/ea)** **Cuddle Time(\$10/ea)**

Interactive Treat(\$8/ea) **Exit Bath(\$25sm/\$35lg)** **Nailtrim(\$20)**