

## **Overnight Guest Check-In**

Client:			
Check-In: Check-Out:	Date: Date:	Time: Time:	

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**

	-	quire special attention? Yes No	
	pet's activities or movements?		
If yes, explain:	·		
	ons, foods or treats? Yes N	 lo	
	n(s):		
MEDICATION INSTRUCTIONS: A	ALL medications must be in original	packaging & labeled from veterinarian.	
MEDICATION	DOSAGE	REASON	
1.			
2			
4			
	DIET INFORMA	TION	
AT HOME MY PET EATS: Dry Food (brand name):		Canned Food (brand name):	
Initial one:			
My pet will eat Lodge c	uisine at no additional charge. I unde	erstand intestinal issues may arise from change in diet.	
I have supplied (and lat	peled) my pet's food in a sealed cont	tainer, no baggies please. No additional charge.	
I understand in the eve	ent that my supply runs short, my P	et 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:		can +	
Evening Feed:		can +	
Notes:			
	must be able to eat together. oarded seperately and charged accordingly ky eater, it is OK to use some enticement m		
Special Requests (ask about additi	ional charges for these services): Pl	lease check service requested	
DayCamp	Nutritional Enrichment	Physical Enrichment	
Occupational En	richmentSensory Enric	hment	
Exit Bat	thNailtrim		