


Client:	{FULLNAME}	Patient:	{NAME}	
Address:	{ADDRESS1}	Species:	{SPECIES}	
	{CITY}, {STATE}	Breed:	{BREED}	
	{POSTALCODE}	Sex:	{SEX}	
Phone:	{PHONENUMBER}	Color:	{COLOR}	
		Age:	{AGE}	330-345-6063

Boarding Instructions

Primary Emergency Contact Number: _____

Secondary Emergency Contact Number: _____

Has there been any coughing, vomiting, and/or diarrhea in the past 48 hours:

YES NO

It is our policy to attempt to contact you in the event of an emergency while your pet is boarding.

Please initial if you do NOT want to be contacted in an emergency: _____

Canine Guest:

- Suite \$42
- Single Studio \$30
- Cabin \$26
- Quiet Cottage \$26
- Additional Guest Sharing Accomodation \$25

Feline Guest:

- Condo \$22
- Additional Guest Sharing Condo \$14
- Duplex Suite \$40

Add On Webcam for Quiet Cottage or Cat condo \$4 daily Weekly (7days) \$20

A fee of \$5 will be added if pet is staying during a Holiday.

Concierge Service:

Private playtime \$10 (15 minutes per session) plus choice of text/photo OR email update

Daily Twice Daily Once During Stay Other: _____

Buddy playtime with additional pet (15 minute per session) \$7

Daycare full day (all dogs must pass our behavioral interview before consideration into Daycare) \$21

Text/photo updates (excludes daycare) \$4/day if no playtime

Cell number: _____

Spa Services:

Date of grooming appt: _____

DOG:


- Basic \$25 and up
Bath and dry
- Essentials \$30 and up
Bath/Brush/Nails
- Deluxe \$35 and up
Bath/Brush/Trim/Nails
- Glamour \$39 and up
Bath/Brush/Trim/Nails/Facial or Teeth Brushing

CAT:

- Pur-ferred \$50 and up
Brush/Nails/Bath
- Lion Cut \$60 and up
Bath/Brush/Cut/Nails

A la Carte Items:

- Blueberry Facial \$5
- Canine Pedicure w/Nail Painting \$18
- Teeth Brushing \$5
- 10 Minute Massage \$13

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		Color:	{COLOR}	
Phone:	{PHONENUMBER}	Age:	{AGE}	330-345-6063

Medical History:

If your pet has been diagnosed with a medical condition anywhere other than Cleveland Road Animal Hospital, or if you feel there is any other medical concern that we should be aware of, check list below:

- | | | | |
|--|-----------------------------------|---|--|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Aggression | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Sensitive Stomach |
| <input type="checkbox"/> Other: _____ | | | |

Medication Instructions:

{NAME} Does NOT need to take medication while boarding at TPH

{NAME} Does need medication while boarding. (Please detail below)

A \$2 fee per administration is added to the boarding charge for medication/supplement administration. MEDICATIONS MUST BE IN THE ORIGINAL PILL VIAL.

1. Medication: _____ Start Time: _____ Start Day: _____
Dosing: _____
2. Medication: _____ Start Time: _____ Start Day: _____
Dosing: _____
3. Medication: _____ Start Time: _____ Start Day: _____
Dosing: _____


Veterinary Services

- Veterinary care, such as annual exams, vaccines, and care for specific problems, can be requested during your pet's stay. You will receive a written "report card" of your pet's services at the time of pick-up. You may also request a phone call to discuss the veterinary care provided during your pet's stay by checking below.
- During your pet's stay, any isolated incidents of vomiting, diarrhea, or coughing will immediately be investigated by a veterinarian. If any medical treatment is required, a written report card will be provided to you.
- If your pet becomes seriously ill or injured during their stay, he/she will be examined by our veterinarian and you will receive a phone call to discuss the pet's condition.

Please have Veterinarian call immediately when requested veterinary care is provided.

I request an annual exam and update of vaccines.

I request a physical exam by Veterinarian for the following:

Client:	{FULLNAME}	Patient:	{NAME}	 THE PET HOTEL SPA * DAY CARE * LODGING 330-345-6063
Address:	{ADDRESS1}	Species:	{SPECIES}	
	{CITY}, {STATE}	Breed:	{BREED}	
	{POSTALCODE}	Sex:	{SEX}	
Phone:	{PHONENUMBER}	Color:	{COLOR}	
		Age:	{AGE}	

Feeding Instructions:

CRAH to Provide Diet

Brought Food from Home: _____ In portioned bags. Due to space, please do not bring entire bag. **DO NOT MIX MEDICATIONS WITH FOOD.**

Amount to be Fed: _____ Twice a day Once a day Other

Did {NAME} eat today before arriving? Yes No

Room Service:

Breakfast

- Beggin' & Eggs \$4 Once Daily Once during the stay
- Toast and Honey \$2 Once Daily Once during the stay

Dinner

- Chicken Breast w/White Rice & Green Beans \$6 Once Daily Once during stay
- Turkey Sandwich and Frosty Paw \$5 Once Daily Once during stay

Snacks with Affection

- Frosty Paws \$2 Once Daily Once during stay
- Kong w/Peanut Butter \$3 Once Daily Once during stay
- Gourmet Pup Cake \$2 Once Daily Once during stay
- Cookie or Carrot Treat (2 per day) noon/bedtime \$2 Daily Once during stay
- Tasty Tuna \$2 Once Daily Once during stay
- Catnip Toy \$3 Once Daily Once during stay


Personal Belongings - *Pets may have two personal items from home *

We provide everything necessary for your pet's comfort during their stay at The Pet Hotel. You are not required to bring any belongings. We do not recommend leaving any valuable items with your pet as items may be lost during your pet's stay, particularly when laundered. Beds will not be accepted as a personal item unless approved by a Doctor or Manager. For safety purposes, The Pet Hotel does not permit items such as edible bones, rawhides, and/or any toys deemed as potentially dangerous or consumable, to be left with your pet in their accomodation .Please list the belongings you are leaving with your pet below.

PLEASE NOTE:

- **We are not responsible for damaged or misplaced item**
- **If your pet is aggressive or requires extra handling an additional \$5.20 per day is added to the boarding fee.**
- **If you have multiple pets staying at The Pet Hotel and if you wish for them to be housed together, please initial here _____**

Items: _____

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Please state any additional information about your pet that may be helpful to our staff in ensuring they have a comfortable stay with us:

***Pets could potentially be exposed to different forms of illnesses, as these illness are not covered by all vaccines. Owners accept this potential risk to utilize the services at this facility.**

Signature: _____ Date: _____
 Checked in by: _____ Entered in Whiteboard by: _____