



Canine Hotel Check-In

PET HOTEL Owner's Name: _____
HADLEY

Pet's Name: _____ Breed: _____

Check-In Date: _____ Drop Off Time: (7am-7pm) _____

Check-Out Date: _____ Pick Up Time: (7am-3pm) _____

*Please spend a few moments with our staff at check-in verifying that we have the most current information regarding yourself and your pet.
I understand that if my dog is not picked up by 3pm a late checkout of \$23 will be charged. Initial _____*

CANINE SUITE OPTIONS

Pricing is per pet, per night. Multiple pet discounts available.

- | | | |
|--|--|--|
| <input type="checkbox"/> Standard — Small to Medium \$39.95 (12 sq ft) | <input type="checkbox"/> Standard — Medium to Large \$44.95 (24 sq ft) | <input type="checkbox"/> Suite \$49.95 (18/24 sq ft) |
| <input type="checkbox"/> Deluxe Suite \$54.95 (32 sq ft) | <input type="checkbox"/> Runway Suite \$59.95 (48 sq ft) | <input type="checkbox"/> Geriatric Suite \$51.95 (24/32 sq ft) |
| <input type="checkbox"/> Penthouse Suite \$69.95 (55 sq ft) | <input type="checkbox"/> VIP Suite \$79.95 (112 sq ft) | |

HELP US MAKE YOUR PET'S STAY PAWSOME! I WOULD ENJOY: Romping with Friends Private Play with Staff

MY PARENTS HAVE CAUGHT ME: Chewing My Bedding Eating Poop Protecting My Stuff

RECENTLY MY PARENTS HAVE NOTICED: Limping Skin Irritations Vomiting/Diarrhea Personality Changes

SPOIL YOUR PET TO MAKE THEIR STAY EVEN BETTER!

- | | Daily | Every Other | Owner's Init. | | Owner's Init. |
|---|-------|-------------|---------------|--|---------------|
| <input type="checkbox"/> Frozen Treat \$3 | _____ | _____ | _____ | <input type="checkbox"/> Nail Trim \$15 | _____ |
| <input type="checkbox"/> Brushing \$5 | _____ | _____ | _____ | <input type="checkbox"/> Haircut (prices vary) | _____ |
| <input type="checkbox"/> Stuffed Kong \$3
<i>(loaded with peanut butter or Yogurt)</i> | _____ | _____ | _____ | <input type="checkbox"/> Exit Bath \$40 an up
<i>(Highly recommended at check-out: Includes bath, brush, nail trim, ear cleaning and blow dry.)</i> | _____ |

FEEDS INSTRUCTIONS

Dry Food Brand: _____ Canned Food Brand: _____

Raw Food Brand: _____ Treat Brands: _____ Amount: _____

Feeding Times: Morning Amount _____ Afternoon Amount _____ Evening Amount _____

Special Instructions For Feeding: _____

***If your pet did not arrive with his/her own food, or did not arrive with a sufficient amount of food, we will be serving our house brand that is available at a charge of \$2/Meal. Owner's Initials _____*

MEDICATIONS / SUPPLEMENTS

All medications must have veterinary prescription label **including** pet's **name**.
Please be as detailed as possible with appropriate dosage(s) and medication(s).

WE DO NOT ADMINISTER INJECTIONS.

Quantity Given at Check In: _____ Initials _____

Pet Hotel Hadley Staff will administer the following for a cost of \$4/day. Initials _____

Type _____ Dosage _____ AM NOON PM

REASON _____

Type _____ Dosage _____ AM NOON PM

REASON _____

Type _____ Dosage _____ AM NOON PM

REASON _____

Type _____ Dosage _____ AM NOON PM

REASON _____

Type _____ Dosage _____ AM NOON PM

REASON _____

ADDITIONAL INSTRUCTIONS: _____

I agree to all the above terms and conditions of this document.

Owner's Signature: _____ Date: _____

Printed Name: _____

Pet Hotel Hadley Staff Member: _____ Date: _____