



Pet Spas & Suites Check In-Form

IF YOU HAVE NOT MADE A RESERVATION, COMPLETING THIS FORM DOES NOT CREATE ONE.
PLEASE CALL US AT 518-783-5506 TO RESERVE YOUR PET'S STAY.

Your Information

Contact info of owner(s)

Full Name:	
Phone Number:	
Address:	
E-mail:	
Full Name:	
Phone Number:	
E-mail:	

Emergency Contacts

Contact info if owner(s) cannot be reached

Full Name:	
Phone Number:	
Relationship:	
Full Name:	
Phone Number:	
Relationship:	

Pet #1 Information

Pet's Name:	
Boarding Preference: (please circle)	SUITE LEAVE-OUT ROOM KENNEL PEN
Breed:	
Neutered/Spayed, Sex:	Y / N Sex: M / F
Veterinarian	
Color:	
Discernable Features: (if similar-looking to other pet)	
Form of flea prevention:	Date Last Administered: / /20

Pet #2 Information

Pet's Name:	
Boarding Preference: (please circle)	SUITE LEAVE-OUT ROOM KENNEL PEN
Breed:	
Neutered/Spayed, Sex:	Y / N Sex: M / F
Veterinarian (if different from Pet #1)	
Color:	
Discernable Features: (if similar-looking to other pet)	
Form of flea prevention:	Date Last Administered: / /20

Do not include medications on this form. Please fill out the "Medication Form" if administering meds for your pets stay.

's Feeding Instructions

Please be as specific as possible, leave blank if not feeding that time of day.

Morning	
Type (i.e. dry, wet, raw)	Amount (i.e. 1/2 cup, 1/2 bag, fill bowl..)
Afternoon	
Type	Amount
Evening	
Type	Amount

's Feeding Instructions

Please be as specific as possible, leave blank if not feeding that time of day.

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Type (i.e. dry, wet, raw)	Amount (i.e. 1/2 cup, 1/2 bag, fill bowl..)
Afternoon	
Type	Amount
Evening	
Type	Amount

Your Name: _____

Pet(s) Name(s): _____

Additional Feeding Questions

If your pet runs out of food, is it approved by you to feed them our food? We stock Purina Lamb & Rice in house.	Y / N
If you answered NO to the above question, what food (brand and flavor) would you like us to feed your pet should they run out? NOTE: any charge for any additional food will be charged to the owners invoice and due at pick up.	
If your pet is not eating, is it approved by you to add chicken broth to their food to entice them?	Y / N
Does your pet have any food allergies, if yes, please list, if no, leave blank	
For family's with multiple pets , can they be fed together or separate? Please circle one.	<input type="radio"/> Separate <input type="radio"/> Together <input type="radio"/> Together (but supervised)

BELONGINGS	DEPARTURE SERVICE
Please specify with color, shape, description, ect (i.e. blue ball, round tan bed)	*Subject to availability, prescheduled arrangements when you book is the only way to guarantee an appointment
Bedding	
	If the same groom as last time, please write "SAME". If we are doing anything different, you must speak with a groomer upon drop off in order to get accurate instructions. If you are unable to speak with the groomer at drop off, please provide a phone number where you can be reached for grooming instructions.
Toys	<input type="checkbox"/> *Groom Phone #
	<input type="checkbox"/> *Bath & Brushout *Must be within 4 weeks of a full groom
	<input type="checkbox"/> Nails
Please check boxes below if they have:	<input type="checkbox"/> Other
<input type="checkbox"/> Collar <input type="checkbox"/> Leash	<input type="checkbox"/> Anal Glands <input type="checkbox"/> Ear Cleaning
<input type="checkbox"/> Harness <input type="checkbox"/> Bowls	<input type="checkbox"/> Sanitary ("Hiney") Trim
<input type="checkbox"/> Carrier <input type="checkbox"/> *Medication	<input type="checkbox"/> Eye Trim
*Medication specifics can be filled out on "Medication Form"	If a departure service has been selected, please let us know what time you will be picking your pet(s) up. ___:___PM

Date of pick up ____/____/____

Additional Notes / Medical Concerns

Anything not covered above that we should know about for the dog's stay, please detail below.