1. Pet Name(s) _____

2. Dates: Check-IN _____ **Check-OUT** _____ **AM ☐(Before 11:00am) or PM ☐(After 11:00am)**

Discharge to Daycare Yes☐ No☐ (Limited to current Day Care clients ONLY)

3.Special Boarding Requests

- ☐ **Deluxe Suite** ($20 extra/day per pet – 6'x6' or larger)
- ☐ **Standard Suite** ($18 extra/day per pet – 4'x6' must be under 35lbs.)
- ☐ Senior Program (**Courtesy** – over 10 years old)
- ☐ Board my pets together
- ☐ Exercise my pets together
- ☐ Separate my pets to feed

4. Special Services

- ☐ Day Care while boarding (Limited to current Day Care clients ONLY)
  ☐ Full Day ($15/day) ☐ Half Day ($10/day)
  ☐ Daily ☐ Every Other Day ☐ Other _____
- ☐ Playtime ($5.00ea) ☐ Daily OR How many? _____
- ☐ Pampered Pet ($3.00ea) ☐ Daily OR How many? _____
- ☐ Bath (Courtesy w/5 day visit)($20-$44)
- ☐ Nails ($15-$20)

5. Pet's Personal belongings

6. *HAS YOUR PET EATEN TODAY?*

Breakfast: ☐ **Yes** or ☐ **No** | **Dinner**: ☐ **Yes** or ☐ **No**

Brand of food _____

Provided by Owner Yes☐ No☐

Amount @ feeding AM_____**(cups/ scoop/ bag)**

PM _____**(cups/ scoop/ bag)**

7. *HAS YOUR PET HAD MEDS or SUPPLEMENTS TODAY?* AM ☐ Yes or ☐ No | PM ☐ Yes or ☐ No

Med _____ Dose_____ Time_____

Reason for meds _____

Med _____ Dose_____ Time_____

Reason for meds _____

While every precaution will be taken to prevent accident, injury, fire, sickness, death, etc.; animals are placed at Waggin' Tails Junction at the risk of the owner. Waggin' Tails Junction shall not be held responsible for the animal(s) named above. In the event of illness or injury, a qualified veterinarian will be summoned. The owner will pay the cost of medication and veterinarian bill. In the event of serious illness, every effort will be made to contact the owner at the emergency number provided. If the owner cannot be reached immediately, Waggin' Tails Junction will make the necessary decision regarding the treatment of the animal. I agree to the above conditions.

Signature_____ **Printed** _____

Emergency Phone _____ Emergency Email _____

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Signature_____ **Printed** _____

Emergency Phone _____ Emergency Email _____ Oct 2021