

CANINE LODGING CHECKIN FORM

-		_		at the time of check-in.	
	Arrival Date: Departure Date: Alt. phone #:				
		Phone #:			
Family Veterinarian:					
Would you like to recei					
No Ye	s, phone number to t	ext:			
Allergies: Please list any known all	ergies your pet has:				
Medications: Name of Medication	Amount		Medicatio	on Bottle Checked (Staff Only)	
Feeding Schedule: Name of Food	Amount		Frequency		
Please list any belongir	ngs you are leaving v	with your pet:			
like your pet to have per themselves. If your dog o Yes No	day? Additional plays cannot participate in a landitional ay (only for those that eferences: by pet to be off-leash by pet to participate in ercise time only Offer While Lodging: will be done on the landing in the	time is \$5.00 per se group activities, the al per day at can participate wi within the fenced a n supervised, group ast day of your pet's Frim = \$23 (Monday Frim w/ Dremel Filir n Out = \$1/minute	ssion/per pet. Un n they are only el th other dogs) rea when deemed activities stayFriday only) g = \$28	Brush Teeth = \$15/Brushing Ear Cleaning = \$10 _ <i>No services</i>	
Please list the name(s)	of the individual(s) p	oicking your pet up	from lodging: _		
accepted. No Cash will b				it carus will be	
Select One: Cash (n	ot on weekends)	Check (In Stat	e Only)	MC/Visa/Amex/Discover/Debit	
Client Signature:			Date:		
Ridge Runner Specialist Signature:			Date:		