

## FELINE LODGING CHECK-IN FORM

Client Name:			-
	Phone #:		
Would you like to receive picture	updates via text of your pe	et during their sta	y?
No	Yes, phone number to	text:	
Allergies: Please list any known allergies yo	ur pet has:		
Medications: Name of Medication	Amount	Frequ	uency
Feeding Schedule: Name of Food	Amount	Freq	uency
Grooming Services We Offer While Nail Trim = \$23 I Ear Cleaning = \$10	Nail Trim w/ Filing = \$28		
What time do you plan on pickin Please list the name(s) of the indiv	g your pet up from lodging	g?	
Additional Notes:			
If your pet is being picked up on No Cash will be accepted. How Please Circle: Cash (not on week)	v do you plan to pay for	your pet's stay?	edit or debit cards will be accepted.  MC/Visa/Amex/Discover/Debit
Client Signature:			Date:
Ridge Runner Specialist Signature:			Date: