



INDIAN TRAIL ANIMAL HOTEL

Boarding Check-In

Please ensure that your emergency contact is aware that you have given their name and is willing & able to make decisions regarding the care and well-being of your pet.

Client Name		Pet Name	Admitted By:
Contact Phone:	Contact Email:	Would you like to receive an update during your pet's stay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> email or <input type="checkbox"/> text	
Emergency Contact/ Alternative Pick-up Name:		Emergency Contact/ Alternative Pick-up Phone:	
Check-in Date:	Check-out Date:	Pick-up Time:* (by 1PM or ½ day charge will apply)	

Extra Comfort and Playtime

- I want my pet to receive INDIVIDUAL PLAY TIME *Additional cost of \$9.75 per session. How many days? ____
- I want my pet to receive TUCK-IN TREATS * Additional cost of \$2.75 per night. How many nights? ____

Personal Belongings (please list): _____

Medications

Medication Administration Fee - \$4.50 per day

(must be in the original container. If medications are not provided, you will be charged at current rate)

Medication Name	Dosage	Instructions	Date & Time Last Given

Additional Requested Services (please check):

- Nail Trim Ear Cleaning Anal sac expression Other: _____
- Bath* (charge based on patient's weight) Exam with Dr. (please fill out separate medical questionnaire)

**Discounted \$5 if 3 or more night stay & late pick-up fee waived*

Authorized Signature: _____

Date: _____