



# Customer Check In

Check In Date \_\_\_\_\_

Pick Up Date \_\_\_\_\_ Pick Up Time \_\_\_\_\_

\*Check out time is 12:00pm

Owner \_\_\_\_\_ Emergency #/Name \_\_\_\_\_

Veterinarian \_\_\_\_\_ Vet Phone Number \_\_\_\_\_

**Pet #1 Name** \_\_\_\_\_ Breed/Color \_\_\_\_\_ Age \_\_\_\_\_ M N F S

Feeding Instructions \_\_\_\_\_ Frequency \_\_\_\_\_ Brand Name \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

**Pet #2 Name** \_\_\_\_\_ Breed/Color \_\_\_\_\_ Age \_\_\_\_\_ M N F S

Feeding Instructions \_\_\_\_\_ Frequency \_\_\_\_\_ Brand Name \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

**Pet #3 Name** \_\_\_\_\_ Breed/Color \_\_\_\_\_ Age \_\_\_\_\_ M N F S

Feeding Instructions \_\_\_\_\_ Frequency \_\_\_\_\_ Brand Name \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

**\*\*\*Medication Must have original container and labeled with Pet Name, Owner Name, Dosage and Frequency.**

Additional Special Instructions \_\_\_\_\_

While we do our best to return items left with your pet, occasionally items are misplaced. Therefore, we CANNOT be liable for belongings.

Belongings (please label) \_\_\_\_\_

I have read and understand the original policy/liability form. I understand the conditions of boarding my pet. By signing, I am agreeing Destiny's Club Mutt and the employees are not liable for any claims, injuries, illnesses or damages. I authorize Destiny's Club Mutt to have full discretion to provide medical treatment in accordance with kennel protocols and I assume full financial responsibility for all such treatments, including veterinary, medications or surgery. I acknowledge and give consent to Destiny's Club Mutt to administer listed medications.

I understand that I will be charged for a full day on the day of drop-off. I understand check out time is 12:00pm, and I will be charged an additional day boarding for pick up after 12:00pm. I agree to pay in full at time of pick up or my pet will not be released to me.

By signing, I understand what is required & I acknowledge I have read, and agree to the terms set forth on this, **as well as original policy/liability form.** (In the event of needed veterinary attention, this form will accompany your pet to veterinarian)

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

### Additional Services \*\*\*\*\*Please clarify if given Daily or Every Other Day

- Kong Komfort - \$5.00 each  PB  LP x's given \_\_\_\_\_  Private Ball/Walk-\$10.00 per dog, per session \_\_\_\_\_
- Pooch Parfait- \$4.00 each x's given \_\_\_\_\_  Group Add'l Play-\$8.00 per dog, per session \_\_\_\_\_
- Daily Brushing (for attention only) \$3.00 x's given \_\_\_\_\_  Daycare Play While Boarding-\$18.00 per dog, per day \_\_\_\_\_
- Grooming \_\_\_\_\_ Date/Time \_\_\_\_\_

For Office Use;

Check in Attendant \_\_\_\_\_

Pet Name	Rabies Due	Bordetella Due	DHLP Due

Chgs: \$ \_\_\_\_\_ per day x \_\_\_\_\_ days = \$ \_\_\_\_\_ + \_\_\_\_\_ (add'l services) = \$ \_\_\_\_\_ Pd Cash Ck # \_\_\_\_\_ CC