

5: MOST PUP'ULAR SERVICES

(You may select multiple services)

<u>SERVICE</u>	<u>COST</u>	<u>FREQUENCY</u>			<u>INITIALS</u>
New Pupdate photo text message	\$6	Once	Daily	Dates: _____	
Doggy Day Camp	\$17	Once	Daily	Dates: _____	
Extra Potty Time	\$12	Once	Daily	Dates: _____	
Tuck-In+Tummy Rub 10-15 min.	\$17	Once	Daily	Dates: _____	
Outdoor Playtime 15-20 min.	\$30	Once	Daily	Dates: _____	
Family Playtime 15-20 min.	\$40	Once	Daily	Dates: _____	
Play Package: Includes 2 extra potty walks, 2 outdoor play times, 1 toy rental	\$55 per day	Once	Daily	Dates: _____	

6: A LA CARTE SERVICES

(Cost is Per Service)

<u>SERVICE</u>	<u>COST</u>	<u>FREQUENCY</u>			<u>INITIALS</u>
Pee Pads (Per Day)	\$3	Once	Daily	Dates: _____	
Bedtime Biscuit	\$5	Once	Daily	Dates: _____	
Busy Bone	\$6	Once	Daily	Dates: _____	
Chew Toy Rental	\$6	Once	Daily	Dates: _____	
Doggy Ice Cream (Frosty Paws)	\$12	Once	Daily	Dates: _____	
Pool Play w/Lifeguard (45 min.)	\$70	Once	Daily	Dates: _____	
Cat- Kitty Cuddle+Play (15-20 min.)	\$30	Once	Daily	Dates: _____	
Cat- Cat Scratch Post Upgrade	\$4	Once	Daily	Dates: _____	
Cat- Mouse Toy	\$4	Once	Daily	Dates: _____	
Custom Service:	Pls. Ask	Once	Daily	Dates: _____	

7: SPA SERVICES (Please also complete Grooming form, limited to availability)

<u>SERVICE</u>	<u>DESCRIPTION</u>	<u>INITIALS</u>
SPA BATH (Appointment Required)	Cleansing Bath, Towel Wrap, Blow Dry, Brushing, Nails, Ears, Eyes	
SPA GROOM (Appointment Required)	Spa Bath + Hand Scissor per Breed Specific Cut	
DEPARTURE FRESHEN UP (Appointment Required)	Face, Feet, Rear Cleaning + Basic Brush Out - \$20	

AGREEMENTS & REMINDERS:

LOBBY HOURS: Mon-Sat: 8am-6pm Sun: Closed

Terms & Conditions:

I, the undersigned, certify that I am the owner, authorized agent for the owner, of the pet(s) described herein. I authorize The Barkley Pet Hotel & Day Spa to obtain medical records (i.e. vaccinations) from my Veterinarian. I hereby represent that all information provided in this document is accurate and agree to pay prior to check-out for all services I have requested herein. I further agree that this stay is subject to the terms and conditions as set forth in The Barkley Pet Hotel & Day Spa Agreement. In the event The Barkley deems emergency medical services are needed, I authorize The Barkley to take my pet(s) next door to VCA Westlake Village Animal Hospital during their hours of operation or to transport and seek emergency services at a 24 hour pet hospital and accept responsibility of medical charges incurred if such need arises during my pet(s) overnight stay at The Barkley Pet Hotel & Day Spa. I have read and understand all of The **Barkley Pet Hotel & Day Spa Terms & Conditions** contained in The Barkley Pet Profile & Hotel Agreement.

Signature: _____ Date: _____

BARKLEY OVERNIGHT CHECK-IN FORM

1: YOUR INFORMATION

Suite Check-In Times are Monday-Saturday 10am-4pm

YOUR NAME: _____ PET NAME(S): _____

CHECK IN/OUT DATE: ___/___/___ PHONE# 1: _____ PH# 2: _____

OWNER'S DESTINATION: _____

2: PET(S) FOOD Please Bring Food in pre-portioned containers per meal. No meds/supplements mixed in.

My Pet will eat Barkley House Cuisine at no additional charge

I have Supplied my pet's food: Name/Brand: _____

(Please make sure to bring enough food for pet's entire stay, plus a little just in case)

I certify no medications/supplements have been pre-mixed in my pet(s) food: Initials: _____

Is it ok to use enticements to help your pet eat?) YES NO

(chicken, pumpkin, broth, house wet food, cheese, peanut butter)

Does your pet have any food allergies? (Please Describe): _____

3: FEEDING SCHEDULE Breakfast starts at 6am, Lunch starts at 12pm, and Dinner starts at 6pm

PET NAME: _____ Separate for feeding if sharing suite? YES NO

MORNING FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____

AFTERNOON FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____

EVENING FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____

PET NAME: _____ Separate for feeding if sharing suite? YES NO

MORNING FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____

AFTERNOON FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____

EVENING FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____

PET NAME: _____ Separate for feeding if sharing suite? YES NO

MORNING FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____

AFTERNOON FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____

EVENING FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____

4: MEDICATIONS/SUPPLEMENTS (must be provided in original container) \$3 per dose

Known Injuries or Concerns: _____

Any Allergies: _____

Additional Health Information: _____

Med/Supplement Schedule: (\$3 per dosage) **Ok to use enticements?** YES NO

If yes, preferred enticement? (Please Describe) _____

#	Medication Type	Dosage	Time	Reason
1				
2				
3				
4				
5				

See Reverse Side for Additional Services & Signature