

**5: MOST PUP'ULAR SERVICES**

(You may select multiple services)

<u>SERVICE</u>	<u>COST</u>	<u>FREQUENCY</u>			<u>INITIALS</u>
<b>*New*</b> Pupdate photo text message	\$7	Once	Daily	Dates: _____	
Doggy Day Camp	\$19	Once	Daily	Dates: _____	
Extra Potty Time	\$13	Once	Daily	Dates: _____	
Tuck-In+Tummy Rub 10-15 min.	\$18	Once	Daily	Dates: _____	
Outdoor Playtime 15-20 min.	\$30	Once	Daily	Dates: _____	
Family Playtime 15-20 min.	\$40	Once	Daily	Dates: _____	
<b>Play Package:</b> 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)	\$5	Once	Daily	Dates: _____	
Bedtime Biscuit	\$6	Once	Daily	Dates: _____	
Busy Bone	\$8	Once	Daily	Dates: _____	
Chew Toy Rental	\$10	Once	Daily	Dates: _____	
Doggy Ice Cream (Frosty Paws)	\$13	Once	Daily	Dates: _____	
Pool Play w/Lifeguard (45 min.)	\$70	Once	Daily	Dates: _____	
<b>Cat-</b> Kitty Cuddle+Play (15-20 min.)	\$33	Once	Daily	Dates: _____	
<b>Cat-</b> Cat Scratch Post Upgrade	\$10	Once	Daily	Dates: _____	
<b>Cat-</b> Mouse Toy	\$6	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 - \$22	

**AGREEMENTS & REMINDERS:**

**LOBBY HOURS:** Mon-Sat: 8am-6pm Sun: 10am-4pm

**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