

5: MOST PUP'ULAR SERVICES

(You can choose 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 chew toy	\$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: _____	
Stuffed Toy (Purchase)	\$10	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 AND REMINDERS:

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

TERMS AND CONDITIONS

I, the undersigned, certify that I am the owner, authorized agent for the owner, of the animal 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 or at 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 and Spa Agreement.

I have read and understand all **The Barkley Pet Hotel & Spa Terms and Conditions** contained in the Barkley Pet Profile which are updated from time to time.

SIGNATURE _____ **DATE:** _____

BARKLEY OVERNIGHT CHECK-IN FORM

1: YOUR INFORMATION

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

YOUR NAME: _____ PET NAME(S): _____

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

DESTINATION: _____ APPROVED HANDLERS: _____

2: PETS FOOD

My Pet will eat Barkley House Cuisine at no additional charge

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

(Please make sure to provide enough food to cover your pets entire stay, plus a little extra just in case. We recommend pre-measuring each meal into individual bags to bring at drop off. All unused will be returned at checkout.)

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

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: MEDICATION (please bring in original prescribed container)

Known Injuries or Concerns: _____

Any Allergies: _____

Additional Health Information: _____

Medicine Instructions/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 ADD-ONS AND SIGNATURE