

## 5: MOST PUP'ULAR SERVICES

<u>SERVICE</u>	<u>COST</u>	<u>FREQUENCY</u>			<u>INITIALS</u>
Pupdate photo text message	\$10	Daily	Once	Dates: _____	
Doggy Day Camp (8am-4pm)	\$20	Daily	Once	Dates: _____	
Extra Potty Walk	\$13	Daily	Once	Dates: _____	
Tuck-In+Tummy Rub 10-15 min.	\$20	Daily	Once	Dates: _____	
Personal Play+Cuddle 15-20 min.	\$35	Daily	Once	Dates: _____	
Family Play+Cuddle 15-20 min.	\$45	Daily	Once	Dates: _____	
<b>NEW Play Package</b> 1 extra potty walk, 2 personal play times, plus 1 pupdate and 1 busy bone once during stay (must check-in by 11am)	\$60 a day \$10 per additional dog per day	Daily	Once	Dates: _____	

## 6: A LA CARTE SERVICES (Cost is Per Service)

<u>SERVICE</u>	<u>COST</u>	<u>FREQUENCY</u>			<u>INITIALS</u>
Pee Pads	\$5	Daily	Once	Dates: _____	
Bedtime Biscuit	\$7	Daily	Once	Dates: _____	
Busy Bone	\$10	Daily	Once	Dates: _____	
Chew Toy Rental	\$10	Daily	Once	Dates: _____	
Doggy Ice Cream	\$13	Daily	Once	Dates: _____	
Pool Play w/Lifeguard (45 min.)	\$70	Daily	Once	Dates: _____	
<b>Cat-</b> Kitty Cuddle+Play (15-20 min.)	\$30	Daily	Once	Dates: _____	
<b>Cat-</b> Cat Scratch Post+Mouse Toy	\$12	Daily	Once	Dates: _____	
<b>Cat-</b> Kittydate photo text message	\$10	Daily	Once	Dates: _____	

## 7: SPA SERVICES (See Front Desk Agent to Schedule an Appointment-Limited Availability)

### AGREEMENTS & REMINDERS:

**LOBBY HOURS:** Mon-Sat: 8am-6pm Sun: 8am-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 Check-In and Check-Out Times are Monday-Saturday 9am-3pm & Sunday 8am-3pm

YOUR NAME: \_\_\_\_\_ PET NAME(S): \_\_\_\_\_  
CHECK IN \_\_\_\_\_ CHECK OUT \_\_\_\_\_ Phone # 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_  
OWNER'S DESTINATION: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

## 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, a \$5 daily fee applies per pet  
 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, rice, peanut butter)

Does your pet have any food allergies? (Please List): \_\_\_\_\_

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

PET NAME: \_\_\_\_\_ Separate/Sit with for feeding if sharing suite?  SEP  SIT

MORNING FEED AMOUNT: \_\_\_\_\_ (Cups/Bags) Mixed With: \_\_\_\_\_

AFTERNOON FEED AMOUNT: \_\_\_\_\_ (Cups/Bags) Mixed With: \_\_\_\_\_

EVENING FEED AMOUNT: \_\_\_\_\_ (Cups/Bags) Mixed With: \_\_\_\_\_

PET NAME: \_\_\_\_\_ Separate/Sit with for feeding if sharing suite?  SEP  SIT

MORNING FEED AMOUNT: \_\_\_\_\_ (Cups/Bags) Mixed With: \_\_\_\_\_

AFTERNOON FEED AMOUNT: \_\_\_\_\_ (Cups/Bags) Mixed With: \_\_\_\_\_

EVENING FEED AMOUNT: \_\_\_\_\_ (Cups/Bags) Mixed With: \_\_\_\_\_

PET NAME: \_\_\_\_\_ Separate/Sit with for feeding if sharing suite?  SEP  SIT

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) \$4 per dose

Known Injuries or Concerns: \_\_\_\_\_

Any Allergies: \_\_\_\_\_

Additional Health Information: \_\_\_\_\_

Med/Supplement Schedule: (\$4 per dosage)  YES  NO

Ok to use enticements?  YES  NO

#	Medication Name	Dosage	Time	Reason
1				
2				
3				
4				
5				

See Reverse Side for Additional Services & Signature