BOARDING ARRIVAL SHEET

Date	of Check in:	Date of	Check out:_						
Pets Name:		P	Pets Last Name:		Age:				
Veter	Veterinarian:Breed:								
Pets Feeding Instructions: (please circle)									
Owner Provided or Grain Free Kennel Food (\$2/feeding)									
Pleas	e write quantity	(cups, scoo	ps etc.)						
Dry K	ibble								
A.M	Noo	n:	P.M:	Other:					
Wet/	Canned Food								
A.M	Noo	n:	P.M:	Other:					
Treats (Owner Provided):									
A.MP.MOther/Special Instructions									
Minu	•	on one inte	eraction with	• •	uld like Me Time (15 stant outdoors,				
	I would like my pet to have Me Time EVERY DAY during their stay. I would like to personalize a Me Time schedule for my pet:								
	Mon:Tues:_								
Other: Would your pet like to participate in our group play yards*?									
O	Yes. If so, how often?								

0							
	would like my pet to have Room Service (includes breakfast of bacon and ggs and afternoon snack of yogurt parfait).						
0 0	How many would your pet like during their stay? My pet is a VIP Plaza Suite Guest** and already gets Room Service. I would like them to have: Bacon and Eggs or Yogurt Parfait						
Му р	et has Medication (\$2/administration):						
0							
	ue/tan polka dot blanket, pink retractable leash, red ball, brown bed).						
	playcamp options your pet MUST have completed our trial day, be spayed or ered.						
**If y	you don't specify which snack your pet would like, we will give them bacon eggs.						
Signa	ature:						
Offic	e use:						
Conc	ierge at check in:						