

## In-Take Form (2 Pets)

This form provides us with the most up-to-date information about your pets,  
and must be filled out each time your pets stay with us.

### Customer Information

Owner's Name(s): \_\_\_\_\_ Pet's Names: \_\_\_\_\_

Travel Destination: \_\_\_\_\_ Best way to reach you: \_\_\_\_\_

Local emergency contact: \_\_\_\_\_ Who will be picking up your pets: \_\_\_\_\_

Check-in **Date**: \_\_\_\_\_ Check -in **Time** (this is a scheduled appointment): \_\_\_\_\_

Check-out **Date**: \_\_\_\_\_ Check-out **Time** (this is a scheduled appointment): \_\_\_\_\_

**Check-out time is by 11:00am. Dogs leaving after this time will be charged an additional \$20 for the last day.**  
**Appointments are required for both check-in and check-out times, and must be scheduled during the following times:**  
**Monday – Friday 9:30am-6:00pm, Saturday & Sunday 9:00am-11:00am and 4:00pm-6:00pm**

First Pet's Name: \_\_\_\_\_

### Your Pet's Current Health Information

Please describe any current, medical or physical problems: \_\_\_\_\_

Has your dog been ill within the past 30 days? If yes, please describe: \_\_\_\_\_

Is your pet currently on a flea & tick preventative? Yes No      Is your pet currently on heartworm preventative? Yes No

Is your dog currently on any medications or supplements? Please describe below:

Name of medication: \_\_\_\_\_

Dosage amount \_\_\_\_\_

When to administer \_\_\_\_\_

Need to be given with food? Yes No

Any special Instructions? \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage amount \_\_\_\_\_

When to administer \_\_\_\_\_

Need to be given with food? Yes No

Any special Instructions? \_\_\_\_\_

### Current Feeding Instructions

Brand of food(s): \_\_\_\_\_

How much per feeding: \_\_\_\_\_ How often: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Please list all other personal belongings that came with your pet:

### Extras

#### Daycare

Has your dog ever attended a dog daycare? Yes No      Will your dog be attending daycare during their stay? Yes No

Please specify days your dog will attend daycare (daycare is available Monday through Friday only):

Monday (full/half)    Tuesday (full/half)    Wednesday (full/half)    Thursday (full/half)    Friday (full/half)

\_\_\_\_\_(initial) **Yes**, I would like my dog to participate in group play at daycare. I acknowledge that my dog(s) may be co-mingling with other dogs under supervision. I accept that if my pet tries to bite a staff member or another dog, he/she will not be allowed in the playgroup for the remainder of his/her stay and will not be allowed to participate in future group play at daycare. I also realize that even though supervised, occasionally dogs get injured and I will be responsible for any veterinary bills incurred. I will also be responsible for any medical treatment needed if my pet gets injured during their time here.

#### Grooming

Dogs staying 7 days or more get a complimentary bath (**bath ONLY**). Owners may request a full grooming at 25% off normal grooming charges.

**Please note:** Dogs with exceptionally long, thick, or matted fur would require a full grooming and are not eligible for a bath only. Dogs staying less than 7 days are eligible for 10% off any grooming service. Would you like your dog to have a bath & nail trim before going home? Yes No

\_\_\_\_\_(initial) **Yes**, I would like my dog to be groomed at The Yellow Dog's Barn. I agree to all terms and conditions stated in The Yellow Dog's Barn "Grooming Contract". This contract may be obtained at [www.theyellowdogsbar.com](http://www.theyellowdogsbar.com) or at our place of business.

**If you would like a full grooming for your dog (not just a bath), please provide grooming instructions on the back of this form.**

Second Pet's Name: \_\_\_\_\_

## Your Pet's Current Health Information

Please describe any current, medical or physical problems: \_\_\_\_\_

Has your dog been ill within the past 30 days? If yes, please describe: \_\_\_\_\_

Is your pet currently on a flea & tick preventative? Yes No      Is your pet currently on heartworm preventative? Yes No

Is your dog currently on any medications or supplements? Please describe below:

Name of medication: \_\_\_\_\_

Dosage amount \_\_\_\_\_

When to administer \_\_\_\_\_

Need to be given with food? Yes No

Any special Instructions? \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage amount \_\_\_\_\_

When to administer \_\_\_\_\_

Need to be given with food? Yes No

Any special Instructions? \_\_\_\_\_

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Brand of food(s): \_\_\_\_\_

How much per feeding: \_\_\_\_\_ How often: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Please list all other personal belongings that came with your pet:

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