

CUSTOMER INFORMATION

Owner's Name(s): _____

Travel destination: _____

Best way to reach you: _____

Who will be picking up your pet: _____

Local emergency contact & phone #: _____

RESERVATIONS

Check in DATE: _____ TIME: _____

Check out DATE: _____ TIME: _____

THIS IS A SCHEDULED APPOINTMENT TIME

CHECK OUT TIME IS BY 11:00AM.

DOGS LEAVING AFTER THIS TIME WILL BE CHARGED AN ADDITIONAL \$20 LATE CHECK OUT FEE.

DAYCARE

Has your dog ever attended dog daycare: YES NO

Will your dog be attending daycare during their stay: YES NO

Please specify days your dog will attend daycare (M-F only):

Monday: FULL HALF

Tuesday: FULL HALF

Wednesday: FULL HALF

Thursday: FULL HALF

Friday: FULL HALF

GROOMING

Dogs staying 7 nights or more may request a full grooming at 25% off normal grooming fees. (Please note that 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 nights are eligible for 10% off any grooming service.

____ Yes, please give my dog a bath

____ Yes, please give my dog a bath and haircut.

Here are my instructions: _____

ANYTHING ELSE WE SHOULD KNOW?

In-Take Form

PET INFORMATION

Pet's Name(s): _____

Please describe any current medical or physical problems: _____

Has your dog been ill or been treated for any parasites within the past 30 days? If so, please explain:

Is your pet currently on flea & tick preventative?

YES

NO

Is your pet currently on heartworm preventative?

YES

NO

Is your pet currently on any medications or supplements?

YES (explain below)

NO

Name of medication/supplement:

Dosage amount:

When to administer:

Need to be given with food: YES NO

Special instructions:

PLEASE USE BACK OF FORM FOR ADDITIONAL MEDICATIONS/SUPPLEMENTS

FEEDING INSTRUCTIONS

Brand of food: _____

Amt per feeding:

How often:

Special Instructions:

ACKNOWLEDGEMENTS

BY SIGNING BELOW, I ACKNOWLEDGE THAT ALL INFORMATION ON THIS FORM IS CORRECT AND I WILL BE RESPONSIBLE FOR PICKING UP MY PET ON THE DATE STATED ABOVE.

IF I HAVE CHOSEN FOR MY DOG TO ATTEND DAYCARE OR BE GROOMED DURING THEIR STAY, I AGREE TO ALL TERMS AND CONDITIONS STATED IN THE YELLOW DOG'S BARN CUSTOMER AGREEMENT & RELEASE, AND CUSTOMER GROOMING CONTRACT.

Customer Signature: _____

Second Dog

DAYCARE

Has your dog ever attended dog daycare: YES NO

Will your dog be attending daycare during their stay: YES NO

Please specify days your dog will attend daycare (M-F only):

Monday:	FULL	HALF
Tuesday:	FULL	HALF
Wednesday:	FULL	HALF
Thursday:	FULL	HALF
Friday:	FULL	HALF

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Is your pet currently on heartworm preventative?
YES NO

Is your pet currently on any medications or supplements?
YES (explain below) NO

Name of medication/supplement: _____

Dosage amount: _____ When to administer: _____

Need to be given with food: YES NO

Special instructions: _____

PLEASE USE BACK OF FORM FOR ADDITIONAL MEDICATIONS/SUPPLEMENTS

FEEDING INSTRUCTIONS

Brand of food: _____

Amt per feeding: _____ How often: _____

Special Instructions: _____
