



Pet Spas & Suites Lodging Check In-Form

IF YOU HAVE NOT MADE A RESERVATION, COMPLETING THIS FORM DOES NOT CREATE ONE. PLEASE CALL US AT 518-783-5506 TO RESERVE YOUR PET'S STAY.

Your Information

Contact info of owner(s)

Full Name:	
Phone Number:	
Address:	
E-mail:	
Full Name:	
Phone Number:	
E-mail:	

Emergency Contacts

Contact info if owner(s) cannot be reached

Full Name:	
Phone Number:	
Relationship:	
Full Name:	
Phone Number:	
Relationship:	

Pet #1 Information

Pet's Name:	
Breed:	
Neutered/Spayed, Sex:	Y / N Sex: M / F
Veterinarian	
Color:	
Discernable Features: <small>(if similar-looking to other pet)</small>	
Form of flea prevention:	Date Last Administered: / /20

Pet #2 Information

Pet's Name:	
Breed:	
Neutered/Spayed, Sex:	Y / N Sex: M / F
Veterinarian <small>(if different from Pet #1)</small>	
Color:	
Discernable Features: <small>(if similar-looking to other pet)</small>	
Form of flea prevention:	Date Last Administered: / /20

Do not include medications on this form. Please fill out the "Medication Form" if administering meds for your pets stay.

's Feeding Instructions

Please be as specific as possible, leave blank if not feeding that time of day.

Morning	
Type (i.e. dry, wet, raw)	Amount (i.e. 1/2 cup, 1/2 bag, fill bowl..)
Afternoon	
Type	Amount
Evening	
Type	Amount

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Type (i.e. dry, wet, raw)	Amount (i.e. 1/2 cup, 1/2 bag, fill bowl..)
Afternoon	
Type	Amount
Evening	
Type	Amount

Your Name: _____

Pet(s) Name(s): _____

Additional Feeding Questions

If your pet runs out of food, is it approved by you to feed them our food? We stock Purina Lamb & Rice for dogs and Purina cat chow and Friskies wet food for cats.	Y N
If you answered NO to the above question, what food (brand and flavor) would you like us to feed your pet if they run out? NOTE: the cost of any additional food will be charged to your invoice and is due at pick up.	
If your pet is not eating, is it approved by you that we may add chicken broth to their food to entice them?	Y N
Does your pet have any food allergies, if yes, please list all allergies, if no, leave blank	
For families with multiple pets, can they be fed together or must they be separated for meals?	Separate Together Together (but supervised)

****What special tips or tricks to might encourage your pet to eat if they are not eating during their stay?***

BELONGINGS Please be specific and describe each belonging (color, shape, etc. i.e. blue ball, round tan bed) <div style="text-align: center; border: 1px solid black; padding: 2px;">Bedding</div>	DEPARTURE SERVICE* *Subject to availability, prescheduled arrangements when you book is the only way to guarantee an appointment
<div style="text-align: center; border: 1px solid black; padding: 2px;">Toys</div>	If the same groom as last time, please write "SAME". If we are doing anything different, you must speak with a groomer upon drop off in order to provide accurate instructions. If you are unable to speak with the groomer at drop off, please provide a phone number where you can be reached for grooming instructions. Phone #
Please check boxes below if they have:	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> *Bath & Brushout *A bath and brush out can only be done within 4 weeks of the last full groom </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Nails </div>
<input type="checkbox"/> Collar <input type="checkbox"/> Leash <input type="checkbox"/> Harness <input type="checkbox"/> Bowls <input type="checkbox"/> Carrier <input type="checkbox"/> *Medication *Medication specifics must be filled out on "Medication Form"	<div style="border: 1px solid black; padding: 2px;"> Misc. <input type="checkbox"/> Other </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Anal Glands <input type="checkbox"/> Ear Cleaning <input type="checkbox"/> Sanitary ("Hiney") Trim <input type="checkbox"/> Eye Trim </div>
If a departure service has been selected, please let us know what time you will be picking your pet(s) up. ____:____PM	

Additional Notes / Medical Concerns/Pre-existing conditions

Please be sure to list any pre-existing conditions (limps, warts, wounds, etc.)

Date of pick up ____/____/____

Time of pick up

If there is anything else not covered above that we should know about, please provide detail below.