

BOARDING CHECK-IN



CREEKSIDE
24/7
PET CARE CENTER

Pet Name _____ **Client Name: Last** _____, **First** _____

Client Phone (H) _____ (C) _____ (W) _____ **Email** _____

Pet Description: Breed: _____ Color: _____ Age: _____ Sex: M F Spayed/Neutered: Y N

Items Brought: Creekside provides bedding to all pets during stay free of charge. Please bring only small blankets or other items to remind pet of home. Label items with permanent marker and describe items brought. No guarantee can be made against loss or damage to items left with pet during boarding stay. _____

Arrival Date _____ **& *Time** _____ **Departure Date** _____ **& *Time** _____ *(if before 7am or after 7pm, note convenience fee of \$25.00)

Reservation: Barkstone Suite Barkstone Double-Lux Suite Pet Lodge-Dog Hospital Board

Pet Lodge-Cat Pet Lodge-Cat w/Daily Playtime

Is cat in carrier? Y N **If not, need to buy a cardboard Pet Carrier at arrival?** Y N

Feeding: Own Food (**describe/name** _____) OR Creekside Food (Hill's Science Diet Sensitive Stomach Dry)

Feeding amount & schedule: _____ (record treats to be given on lines below)

Meds or treats to be given during stay-please ensure that all items are labeled with name and dosing instructions that match the instructions written below. If items are given only once daily, please indicate AM or PM dosing.

Med or Treat or None _____ Dosing Instructions: _____

Med or Treat or None _____ Dosing Instructions: _____

Med or Treat or None _____ Dosing Instructions: _____

List any specific handling instructions or precautions to be taken with your pet during their stay here:

ANIMAL CARETAKER ALERT: _____

Additional Services (Grooming, Doggie Daycare, Medical): _____

Name of person picking up this pet on departure date other than client(s) named on this account _____

Phone Number where you can be reached during your pet's boarding stay _____

Alternate Emergency Contact Name & Number(s) _____

____ I acknowledge that Creekside is "flea free" boarding facility and in order to maintain this, each boarding pet will receive a single Capstar® tablet to kill any live fleas which may be on the pet on the day of arrival for a nominal fee which will be charged to the account. If ticks are found, an additional treatment will be administered at the owner's expense.

____ I acknowledge Dogs boarding in the Pet Lodge may be housed in the Pet Lodge indoor/outdoor runs or the indoor Condos alternatively if the facility is at capacity. Creekside staff reserve the right to move dogs between the Pet Lodge and Condos as needed to ensure that each dog is comfortably housed in the enclosure most appropriate to the size of the dog. Dogs will always be housed in the largest enclosure available. Guarantee on size of enclosure can only be made with reservation of a Barkstone Suite. Cats will be housed in the largest Condo available with a window view if possible dependent upon number of cats present in the boarding facility, but no guarantee of such space or window view can be made.

____ I acknowledge that boarding department hours are 7am-7pm; if pets check in/check out before 7am or after 7pm, a Convenience Fee of \$25.00 per early/late pickup will be assessed to the account.

____ I acknowledge that charges are per day (not per night) as all the cleaning/feeding/walking/medicating/care occurs during the day. There is one charge per pet, per day, even if pets are housed in a single enclosure. There is a charge for the day of arrival, regardless of the time of arrival. There is a charge for the day of departure if the pet is picked up after the 11am checkout time.

____ I acknowledge that proof of vaccinations that meet the standards for sufficient protection in a commingled boarding environment are required. If proof is not provided, doctors of Creekside will administer necessary vaccines, including required physical exam, at owner's expense.

____ I acknowledge that Creekside will attempt to contact me in the event that unexpected medical attention is deemed necessary by the medical staff. If Creekside is unable to contact me, I grant permission to treat as follows:

Treat minor issues (ear/skin/eye infections, diarrhea?) Yes, \$ _____ maximum amount authorized or No treatment until I am reached

Perform emergency procedures? Yes, \$ _____ maximum amount authorized or No treatment until I am reached

Best way to contact: Cell Phone: _____ Text @ _____ Work Phone: _____

Home Phone: _____ Email address: _____

Download this form, fill it out and e-mail it to csr.group@creeksidepetcare.com or print it and bring it in with you to your appointment.

We will review it and collect your signature when your pet arrives.

Print Name _____ Sign _____ Date _____

Office use only: (write "N/A" or initials when verified) Admitted by _____ Client info verified _____ Verify all add'l services scheduled in computer _____
Item label made for bag and copied/pasted in "items" blank above _____ Groom Release _____ Groomer Check In? _____ Diabetic Check In Form _____
If no bag, items labeled/listed above _____ DDC Forms _____ Need DDC Intro scheduled? _____ Board Release _____ Ind. Housing Wavier _____
Enter "add'l doa discount" add'l doas in same suite to remind CSR to calculate / so they are not missed at checkout