



BOARDING CHECK-IN

Client Name: _____

Best Phone Number: _____

Pet Name(s):		Brought Items:
_____	Circle: Dog / Cat	_____
_____	Circle: Dog / Cat	_____
_____	Circle: Dog / Cat	_____
_____	Circle: Dog / Cat	_____

Arrival Date: _____ Time: _____

Departure Date: _____ Time: _____

Check-in prior to 5:30 A.M. incurs Boarding fee of \$69.00. Check-out after 10:00 A.M. applies half (until 3:00 pm) or full (after 3:00 pm) daycare fees until 7:00 P.M. Check-out after 7:00 P.M. incurs an additional Boarding fee dependent on the room necessary to safely accommodate your pets.

If there have been any changes to your pet's profile (i.e. phone number, email, veterinarian), please let us know: _____

If there are no changes from your previous boarding stay, may we use that information for the remainder of this check-in? Yes No **(If no, please complete this form)**

DINING INFORMATION

Please Check One:

- I have supplied my pet's food. **I understand in the event that my pet's supply of personal food runs short, I will be charged \$3.00 per meal for The Pawington's premium house kibble.**

- My pets will eat The Pawington's premium house kibble with an additional charge of \$3 per meal. **Please select between Natural Balance Chicken or Salmon.**

MEAL INSTRUCTIONS: (please be specific about feeding instructions, including treats). *Due to your playtime schedule, feeding times are preset

Morning Meal: (~6:00 A.M.)

Lunch: (~11:30 A.M.-1:00 P.M.)

Evening Meal: (~7:00 P.M.)

At times, treats are used to help pets eat. Is your pet allowed treats?

Yes No. If yes, are all treats ok? _____

For dogs sharing the same suite: Separate while feeding Do not separate while feeding

MEDICAL INFORMATION

Will you be leaving medication(s) for your pet(s) that The Pawington staff will administer during their stay? Yes No

Note: If you checked yes, you understand that The Pawington staff are not veterinarians and you assume all risk associated with the administration of medication/supplements.

Do your pets have any current or new injuries or health concerns that The Pawington staff should be aware of? Yes No. If yes, please explain: _____

CLIENT AGREEMENT

(Please Initial individual lines)

_____ **Check-in and check-out outside of lobby hours are by reservation only.** Those picking up or dropping off must be authorized to do so, and provide required photo identification.

_____ My pet(s) are in good health and have not been exposed to any contagious or communicable illnesses within the past 30 days.

_____ I hereby represent that all information provided in this document is accurate, and I agree to pay for all services and fees herein. I further agree that my pet's boarding is subject to the terms and conditions set forth in the Boarding and Services Agreement that I have previously signed.

I have fully read, understood, and agree to Pawington LLC.'s policies stated herein.

Client Signature: _____ **Date:** _____