



815-675-3877 — 2400 Highview St. Spring Grove, IL

**Check List**

- ⇒ \_\_\_\_\_ Vaccinations up to date and on file
- ⇒ \_\_\_\_\_ Signed Client agreement (on file)
- ⇒ \_\_\_\_\_ Food/belongings all clearly labeled with first and last name of the dog

Check in Date: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Check out Date: \_\_\_\_\_ Day/Time: \_\_\_\_\_

- ◆ I understand the costs for overnight includes daycare and night care with a human on staff 24 hours.
- ◆ Reservations and deposit must be in 72 hours (3 days) before drop off date.
- ◆ Check in time is between 7am-2pm Mon-Fri. Weekends & Holidays from 9:00am-1:00pm
- ◆ I understand that if I pick up anytime after 11am I will be charged for that day.
- ◆ I understand that my dog's stay must be prepaid at drop off & all payments are non-refundable/no credit given.
- ◆ If added services are requested payment will be due upon drop-off.
- ◆ I understand that the half payment for reservation is non-refundable if I should cancel within less the 5 days of apt.
- ◆ I agree to and have signed the client agreement contract.

I understand & agree with the above & below information :

Signature: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian Office \_\_\_\_\_ Phone: \_\_\_\_\_

Any Changes to your dogs health history? YES or NO

If yes: \_\_\_\_\_

**DOG'S INFORMATION**

1. Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_ MALE OR FEMALE

DOB : \_\_\_\_\_ Spayed or Neutered? YES or NO Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Medical Conditions/Allergies/Seizures: \_\_\_\_\_

- ◆ Has this dog ever had Kennel Cough? YES or NO Does this dog go to the dog park? YES or NO
- ◆ Has this dog ever been ill in the last 30 days? YES or NO If Yes explain : \_\_\_\_\_
- ◆ Has this dog ever attended daycare or been boarded in a cage-free environment before? YES or NO
- ◆ Type/Brand of food: \_\_\_\_\_ How much per meal: \_\_\_\_\_
- How often \_\_\_\_\_ Eating habits (circle one): Eats all food at mealtime
- Nibbles throughout day Goes periods without eating

2. Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_ MALE OR FEMALE

DOB : \_\_\_\_\_ Spayed or Neutered? YES or NO Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Medical Conditions/Allergies/Seizures: \_\_\_\_\_

- ◆ Has this dog ever had Kennel Cough? YES or NO Does this dog go to the dog park? YES or NO
- ◆ Has this dog ever been ill in the last 30 days? YES or NO If Yes explain : \_\_\_\_\_
- ◆ Has this dog ever attended daycare or been boarded in a cage-free environment before? YES or NO
- ◆ Type/Brand of food: \_\_\_\_\_ How much per meal: \_\_\_\_\_
- How often \_\_\_\_\_ Eating habits (circle one): Eats all food at mealtime
- Nibbles throughout day Goes periods without eating