

DOGS R US HOTEL

Checks payable to Logan's Pet Co.

CLIENT INFORMATION												
Dog's Name	1. _____ 2. _____		Nickname(s)	1. _____ 2. _____								
Birthdate	1. _____ 2. _____	Breed	1. _____ 2. _____		Weight	1. _____ 2. _____ lbs						
Circle One	Female	Male	Spayed/Neutered	Yes	No	If "No" to spayed, when may she be in heat:						
Owner(s) Name(s):	_____											
Home Address	_____											
City	_____				State	_____	Zip	_____				
Telephone Nos.	Home	_____	Cell	_____	Vacation	_____						
Email Address	_____				@	_____						
Emergency Contacts	1st Name	_____				Telephone No.	_____					
	2nd Name	_____				Telephone No.	_____					
How did you hear about us?		<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Website <input type="checkbox"/> Pet Pages <input type="checkbox"/> Laker <input type="checkbox"/> Reference - Whom:										
MEDICAL INFORMATION												
Veterinarian:	_____					Telephone No.	_____					
Address	_____											
Please provide the name and date last given of these preventatives:												
Heartworm	_____	Date Given	_____	Flea & Tick	_____	Date Applied	_____					
Please provide name of medication(s), dosage and frequency: (please list on separate sheet if not enough room)												
<u>Medication</u>				<u>Dosage</u>				<u>Frequency</u>				
_____				_____				_____				
_____				_____				_____				
Medical conditions past & present that may affect his/her stay at hotel:		_____										
PERSONALITY & PREFERENCES (please circle those that apply or fill in the blanks as requested)												
Is your dog:	Quiet	Shy	Noisy	Fearful of animals	Aggressive w/ People	Would you like your dog(s) to interact with other dog(s):		Yes	No			
Normal Daily Routine	First Time Out - AM	_____	Last Time Out - PM	_____	TV /radio On or off @ bedtime	I prefer my dogs to have their collars ON or OFF						
						My dog likes to wade/swim in shallow pool Yes or NO						
Favorite Games	_____					My dog becomes anxious during storms		Yes	No			
My dog is comforted by	_____					My dog may have doggy ice cream		Yes	No			
Favorite music/radio stations/cable TV stations or show preferences:						Variety of treats		Yes	No			
						Treats to Avoid		_____				
Additional information about my dog(s) that may be helpful while staying with you including commands like "go potty"		_____										

PERSONALITY & PREFERENCES - CONT'D

Food	Brand & Variety			
	How often		Quantity & bowl type if preference	

SPECIAL INSTRUCTIONS

ITEMS BROUGHT WITH YOU (describe)

RELEASE

I, _____, certify that I am the owner of this/these dog(s): _____
owner's name name of dog(s)

I hereby grant permission to the Logans to act in my behalf, and in my dog's best interest by obtaining veterinary care at my expense, if deemed necessary for illness or injury. I further agree to pay for all veterinary (whether services were provided by my dog's regular veterinarian or a veterinarian chosen by the Logans) and any other necessary services. I have read and agreed to abide by Logan's Pet. Co Inc. policies including flea & tick preventative, vaccinations, holidays, rates and liability.

Signature _____ Date _____

SERVICES REQUESTED (please indicate by filling in the blank(s) or circling service(s) desired)

Wading pool (n/c)				Grooming	Bathing Only	Just Nails	Brush teeth	Massages 10 mins	Add'tl Time _____
Fetch or Frisbee (n/c)				I realize that there are additional charges for these services and that they should be provided prior to my return on _____.					
Walk on leash to potty (n/c)				Signature _____ Date _____					

TO BE COMPLETED BY OFFICE STAFF ONLY

Boarding Charges	No. of:	Day(s)		Week(s)		Month(s)		TOTAL	
	Rate(s):	Day	\$	Week	\$	Month	\$	BOARDING	\$
Additional Services Charges:	Grooming \$	Bathing Only \$	Just Nails \$	Brush teeth \$	Massage \$	Other: _____ \$		Additional Services	\$
Deposit Due	\$	Date Paid		Cash _____ Check # _____ Credit Card Type: _____				TOTAL DUE	\$
Balance Due	\$	Date Paid		Cash _____ Check # _____ Credit Card Type: _____					

Proof of Vaccinations provided: Yes No Date _____
 By Whom: _____

Notes: _____