



## CANINE CHECK-IN PAWS AT PLAY RESORT

**To ensure that your pet has a safe and happy visit with us,  
we ask that you provide the following information. Thank you!**

Your Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Email \_\_\_\_\_ Pet's Name \_\_\_\_\_

Check In Date \_\_\_\_\_ Time \_\_\_\_\_ Check Out Date \_\_\_\_\_ Time \_\_\_\_\_

**CHECK OUT IS 12 PM. ADDITIONAL CHARGES WILL APPLY AFTER 12 PM.**

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Do you accept text messages?  YES  NO

I grant permission to use my Pet's Photograph for use in newspapers, Facebook and/or website. Please circle: YES NO

**Your pet must be current on all vaccinations.**

Distemper / Parvo, Rabies, Bordetella, Canine Influenza (H<sub>3</sub>N<sub>8</sub> and H<sub>3</sub>N<sub>2</sub>),  
Leptospirosis & proof of a negative fecal test within 6 months of boarding.

**If proof of vaccinations is not provided, we will vaccinate and examine your pet at owner's expense.**

(Please ask for an estimate if needed.) Please Initial \_\_\_\_\_

Did you bring food for your pet?  YES  NO

Feeding instructions (cups per day, how often): \_\_\_\_\_

Is your pet on a restricted diet or allergic to any foods / treats?  YES  NO \_\_\_\_\_

**All medications must be in original bottle with a veterinary label and instructions.**

1. Is your pet on any medication?  YES  NO Did you give medication today? \_\_\_\_\_

2. LIST ALL MEDICATIONS AND INSTRUCTIONS: \_\_\_\_\_

3. Please list ALL items you brought for your pet: \_\_\_\_\_

**We will provide clean comfortable bedding daily. Limited bedding and belongings  
may be left with your pet. We are not responsible for any items that are not listed, lost, or damaged.**

Leash Color \_\_\_\_\_ Collar Color \_\_\_\_\_

4. Is your pet on Flea Prevention?  YES  NO Please list type: \_\_\_\_\_

If yes, proof of purchase of a veterinary approved product is required. If no, for your pet's protection and to keep our facility free of fleas, we will administer flea prevention at your expense.

5. Does your pet have any medical, behavioral, or aggression issues? \_\_\_\_\_

6. Does your pet chew, shred or ingest blankets, bedding or toys? \_\_\_\_\_

7. Is your pet destructive, afraid of noises, thunderstorms, etc.?  YES  NO

8. Does your pet have separation anxiety?  YES  NO

Would you like your dog to attend daycare?  YES  NO

\$17.34 per day / number of days \_\_\_\_\_

Pet must be an established daycare participant. Reservations are required for a trial day prior to visit.

### ADDITIONAL SERVICES ARE PROVIDED AT YOUR REQUEST

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bath (price varies on size)           | <input type="checkbox"/> Teeth Brushing \$ 7.48 | <input type="checkbox"/> Ear Cleaning \$12.93 |
| <input type="checkbox"/> Anal Gland Expression / Nurse \$38.84 | <input type="checkbox"/> Toe Nail Trim \$17.74  | <input type="checkbox"/> Other _____          |

**There is a \$1.37 fee per administration of medication.  
Additional charges apply for diabetic care and pets requiring extensive medical care.**

### ENHANCED SERVICES FOR OUR CANINE GUESTS

- |  |  |
|--|--|
| <input type="checkbox"/> Chicken & Yogurt \$ 1.33            | <input type="checkbox"/> Chicken Jerky \$ 1.33         |
| <input type="checkbox"/> Sandwich Cookies \$ 1.33            | <input type="checkbox"/> Apple & Oatmeal \$ 1.12       |
| <input type="checkbox"/> Frozen Yogurt \$ 4.16               | <input type="checkbox"/> Stuffed Kong Toy \$ 4.11      |
| <input type="checkbox"/> Bottled Water \$ 1.50               | <input type="checkbox"/> Baby Carrots (2) \$ 0.89      |
| <input type="checkbox"/> Buddy Time \$10.43                  | <input type="checkbox"/> Pampering Time \$10.43        |
| <input type="checkbox"/> D.A.P Collar (price varies on size) | <input type="checkbox"/> Additional Photo/Text \$ 1.50 |

Is there anything we can do to make your pet more comfortable? \_\_\_\_\_

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**If your pet refuses to eat dry food, we will attempt to feed canned food and you will be charged \$2.99 per can.**

If your pet refuses to eat for 48 hours and has lost more than 8% body weight, the doctor will examine your pet. If there is no medical reason why your pet will not eat, the office will contact you or the emergency contact, and we will ask that you pick up your pet. We will do our best to ensure your pet's health and you will be responsible for any charges incurred during his or her stay with us.

If your pet becomes ill or injured while boarding, we will make every attempt to contact you. If we are unable to contact you, we will institute appropriate medical and/or surgical care necessary. Your signature on this form indicates your willingness to be responsible for the cost of these services.

We will use all reasonable precautions against injury and escape, but will not be held responsible in any manner or circumstance because of the care, treatment or safekeeping of the animal described above or in connection therewith. It is thoroughly understood that the client assumes all risks. Be assured that the health of your pet is our primary concern and we will do everything possible to maintain his or her health.

**YOUR SIGNATURE BELOW INDICATES THAT YOU AGREE WITH ALL OF THE ABOVE STATEMENTS.**

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

9027 Ridge Road  
North Royalton, OH 44133

440-237-7691  
[www.northroyaltonanimalhospital.com](http://www.northroyaltonanimalhospital.com)