Night Stay Check-In Sheet

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1. Choose your suite and	package			
Regular Suite Spacious, S	Shore-Line Kennel with e	elevated Ku	randa Bed	
Standard Package • Nightly Woof treat • Departure bath (5+ nights only) 1-6 Nights: \$46/night 7+ Nights: \$44/night		Vacation Package • Nightly premium treat choice • Departure bath with shampoo choice • 1 digital "Pupdate" 1 Night: \$62/night 2 Nights: \$59/night 3 Nights: \$56/night 7+ Nights: \$47/night		
Luxury Suite Private roon	n, elevated Kuranda bed,	, flat screer	n tv & private liv	e webcam
Standard Package Vacation Package		ge Spa Package		
Nightly Woof treatDeparture bath (5+ nights only)	 Nightly premium treat choice Departure bath with shampoo choice 1 digital "Pupdate" 		 Nightly premium treat choice Bath & Brush on pickup day Daily one-on-one time with choice of activity 1 digital "Pupdate" 	
1–6 Nights: \$64/night 7–9 Nights: \$62/night 10–13 Nights: \$60/night 14+ Nights: \$59/night	1 Night: \$82/night 2 Nights: \$77/night 3 Nights: \$72/night 4 Nights: \$67/night 5-6 Nights: \$65/night 10+ Nights: \$62/night		1 Night: \$107/night 5 Nights: \$80/night 2 Nights: \$95/night 6 Nights: \$78/night 3 Nights: \$89/night 7-9 Nights: \$76/night 4 Nights: \$82/night 10-13 Nights: \$75/night	
11	e the space of a Luxury the Luxury Suite ameniti	•	-poster bed, and	chandelier in addition
Standard Package	☐ Vacation Package		Spa Package	
2. If you choose Vacation	n or Spa Packages, mal	ke your ch	oices below:	
Premium treat choice: Frozen Bone Kong Filled w/ Peanut Butter Kong Filled w/ Grain-Free Treat	Shampoo choic Scented Oatmeal Hypoallerg		One-on-one time activity choice: Cuddle/Story Time Fetch Toy Time	
3. Add–on Options:				
Frozen Bone: # of nights bit Kong w/ Peanut Butter: # of nights bit Kong w/ Grain-Free Treats: # of nights exercises Extras Cuddle/Story Time (\$10/session): # of sessions Bit Bit		bath, brush, blo buff, ear clean expression Bath & Brush (arts at \$50): Haircut, owdry, nail file & ing and gland (starts at \$40): Bath, , nail file & buff, ear	Departure Bath (\$15-25) Brush Out (\$15) Deshedding Treatment (\$15) Nail Trim (\$18) Ear Cleaning (\$12) Teeth Brushing (\$12)

cleaning and gland expression

Digital "Pupdate" (\$4/day): # of days ____

Teeth Brushing (\$12)

Gland Expression (\$12)

Night Stay Check-In Sheet

Contact Information				
Owner Name:	Phone #:			
Amount Per Meal: Times Per Day: If pup doesn't eat, give them: Pumpkin Wet Food Peanut Butter Woof treat at night? Yes No	Amount Per Meal: Times Per Day: If pup doesn't eat, give them: Pumpkin Wet Food Peanut Butter Woof treat at night? Yes No			
Medication(s)	Medication(s)			
1. Medication Name: Daily As Needed* *Please list symptoms, so we know when to give medication AM Dosage Noon Dosage PM Dosage Last Given Other Instructions	1. Medication Name: Daily As Needed* *Please list symptoms, so we know when to give medication AM Dosage Noon Dosage PM Dosage Last Given Other Instructions			
2. Medication Name: Daily As Needed* *Please list symptoms, so we know when to give medication AM Dosage Noon Dosage PM Dosage Last Given Other Instructions	2. Medication Name: Daily As Needed* *Please list symptoms, so we know when to give medication AM Dosage Noon Dosage PM Dosage Last Given Other Instructions			