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 Kur	randa Bed	
Standard Package • Nightly Woof treat • Departure bath (5+ nights only) 1-6 Nights: \$47/night 7+ Nights: \$45/night		Vacation Package Nightly premium treat choice Departure bath with shampoo choice I Digital "Pupdate" Night: \$63/night 4 Nights: \$54/night 2 Nights: \$60/night 5-6 Nights: \$50/night 3 Nights: \$57/night 7+ Nights: \$48/night		
Luxury Suite Private room	n, elevated Kuranda bed,	, flat screen	tv & private li	ve webcam
Standard Package Vacation Package				
Nightly Woof treatDeparture bath (5+ nights only)	Nightly premium treat choiceDeparture bath with shampoo1 Digital "Pupdate"	eparture bath with shampoo choice • Bath & Brush on pickup day		pickup day e time with choice of activity
1–6 Nights: \$64/night 7–9 Nights: \$62/night 10–13 Nights: \$60/night 14+ Nights: \$58/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: \$95night 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, an	d chandelier in addition
Standard Package	☐ Vacation Package		□ S	pa 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 trea	Shampoo choic Scented Oatmeal Hypoallerg		Cu	-one time activity choice: uddle/Story Time etch by Time
3. Add–on options:				
Treats (\$4 each) Frozen Bone: # of nights Kong w/ Peanut Butter: # of nights Kong w/ Grain-Free Treats: # of retaction Extras Cuddle/Story Time (\$10/session):	s ights	bath, brush, blo buff, ear cleani expression Bath & Brush (starts at \$40): Bath,	Departure Bath (\$20-30) Brush Out (\$15) Deshedding Treatment (\$15) Nail Trim (\$18) Ear Cleaning (\$12)
Tov Time (\$10/session): # of sess	brush, blowdry, nail file & buff, ear Teeth Brushing (\$12)			

cleaning and gland expression

Teeth Brushing (\$12)

Gland Expression (\$12)

Toy Time (\$10/session): # of sessions ____

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

Night Stay Check-In Sheet

Contact Information				
Owner Name:	Phone #:			
Drop off Date:	Drop off Time: after 1pm, a half day of			
Pick up Date:	Pick up Time: DayPlay will be added ont			
Emergency Contact Name:	Phone #:your pup's stay			
Pup(s) Information				
1. Name:	2. Name:			
Food	Food			
Last Meal At Home:	Last Meal At Home:			
☐ I brought food ☐ Woof's food	☐ I brought food ☐ Woof's food			
Amount Per Meal:	Amount Per Meal:			
Times Per Day:	Times Per Day:			
If pup doesn't eat, give them:	If pup doesn't eat, give them:			
☐ Pumpkin ☐ Wet Food ☐ Peanut Butter	☐ Pumpkin ☐ Wet Food ☐ Peanut Butter			
Woof treat at night? ☐ Yes ☐ No	Woof treat at night? 🗌 Yes 🔲 No			
Medication(s)	Medication(s)			
1. Medication Name:	1. Medication Name:			
☐ Daily ☐ As Needed* *Please list symptoms, so we know when to give medication	Daily As Needed* *Please list symptoms, so we know when to			
AM Dosage	give medication			
Noon Dosage	AM Dosage — Noon			
PM Dosage	PM Dosage			
Last Given	Last Given			
Other Instructions	Other Instructions			
	<u> </u>			
2. Medication Name:	2. Medication Name:			
Daily As Needed* *Please list symptoms, so we know when to give medication	Daily As Needed* *Please list symptoms, so we know when to give medication			
AM Dosage	AM Dosage			
Noon Dosage	Noon Dosage			
PM Dosage	PM Dosage			
Last Given	Last Given			
Other Instructions	Other Instructions			
	i 			
If more than one dog: LODGE: Together Separa	ate FEED: Together Separate			

