





Owner Name Emergency Contact Name				
				Pick Up Date
Estimated Pick Up Time	f DayPlay will be added onto your pu	p's stay.)		
1. CHOOSE YOUR SUITE.				
Regular SuiteSpacious, Shore-Line KennelElevated Kuranda Bed	 Luxury Suite Private Room Elevated Kuranda Bed Flat Screen TV Private Live Web-Cam 		Presidential Suite Private Room (double the space) Elevated Kuranda Bed Flat Screen TV Private Live Web-Cam Four-Poster Bed Chandelier	
2. CHOOSE YOUR PACKAGE.				
 Standard Package Nightly Woof Treat – Milk Bone Departure Bath (5+ nights only) 	 Vacation Package One (1) Digital "Pupdate" Nightly Premium Treat (sele ☐ Frozen Bone or ☐ F 		Departure Bath with Shampoo (select one) Scented Oatmeal Hypoallergenic	
3. CHOOSE YOUR ADD-ONS.				
Grooming Full Groom (varies by size) Includes Haircut, Bath, Brush, Blow Dry, Nail File & Buff, Ear Cleaning, and Gland Expression Add De-shedding treatment (\$15) Bath & Brush (varies by size) Includes Bath, Brush, Blow Dry, Nail File & Buff, Ear Cleaning and Gland Expression Add De-shedding treatment (\$15) Grooming À la Carte Departure Bath (varies by size) Brush Out (\$15) Rail Trim (\$18)		Extras Cuddl	☐ Frozen Bone: # of Nights ☐ Kong Filled with Peanut Butter: # of Nights	

NIGHTSTAY CHECK-IN SHEET 🗹

PLAY STAY
ner Separate
TION
☐ Woof's Food (\$2/day)
] Breakfast Lunch Dinner
ags 🗌 Other
orovide n
?
☐ As Needed (list symptoms)
□ Noon □ PM
As Needed (list symptoms)
□ Noon □ PM

If more than one dog: <u>Lodge</u> ☐ Together ☐ Separate	Feed Together Separate		
PUP'S INFORMATION	PUP'S INFORMATION		
Name	Name		
FOOD	FOOD		
Last Meal At Home	Last Meal At Home		
☐ I Brought Food ☐ Woof's Food (\$2/day)	☐ I Brought Food ☐ Woof's Food (\$2/day)		
Feeding Times	Feeding Times 🔲 Breakfast 🔲 Lunch 🔲 Dinner		
Amount Per Meal	Amount Per Meal		
☐ Premeasured Bags ☐ Other	☐ Premeasured Bags ☐ Other		
If pup doesn't eat, provide ☐ Pumpkin ☐ Wet Food ☐ Peanut Butter	If pup doesn't eat, provide ☐ Pumpkin ☐ Wet Food ☐ Peanut Butter		
Woof Treat at Night? ☐ Yes ☐ No	Woof Treat at Night? ☐ Yes ☐ No		
MEDICATIONS	MEDICATIONS		
1. Medication Name As Needed (list symptoms)	1. Medication Name As Needed (list symptoms)		
Time AM Noon PM Dosage	Time AM Noon PM Dosage		
Last Given	Last Given		
2. Medication Name As Needed (list symptoms)	2. Medication Name As Needed (list symptoms)		
Time AM Noon PM	Time AM Noon PM		
Dosage	Dosage		
Last Given	Last Given		
Other Instructions	Other Instructions		