



NIGHTSTAY CHECK-IN SHEET

Owner Name _____

Pick Up Date _____

Estimated Pick Up Time _____

(If you'd like to pick up after 1 p.m., a half day of DayPlay will be added onto your pup's stay.)

1. CHOOSE YOUR SUITE.

Regular Suite

- Spacious, Shore-Line Kennel
- Elevated Kuranda Bed

Luxury Suite

- Private Room
- Elevated Kuranda Bed
- Flat Screen TV
- Private Live Web-Cam

2. CHOOSE YOUR PACKAGE.

Standard Package

- Nightly Woof Treat
- Departure Bath (5+ nights only)

Vacation Package

- One (1) Digital "Pupdate"
- Nightly Premium Treat (select one)
 Frozen Bone or Peanut Butter Kong

- 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

Bath & Brush (varies by size)
Includes Bath, Brush, Blow Dry, Nail File & Buff, Ear Cleaning and Gland Expression

Grooming À la Carte

- Departure Bath (varies by size; up to \$30)
- Brush Out (\$15)
- De-shedding Treatment (\$15)
- Nail Trim (\$18)
- Ear Cleaning (\$12)
- Teeth Brushing (\$12)
- Gland Expression (\$12)

Treats

- Frozen Bone: # of Nights _____
- Kong Filled with Peanut Butter: # of Nights _____

Extras

- Cuddle/Story Time (\$10/session): # of Sessions _____
- Toy Time (\$10/session): # of Sessions _____
- Digital "Pupdate" (\$4/day): # of Days _____



NIGHTSTAY CHECK-IN SHEET

If more than one dog: Lodge Together Separate

PUP'S INFORMATION

Name _____

FOOD

Last Meal At Home _____

I Brought Food Woof's Food (\$2/day)

Feeding Times Breakfast Lunch Dinner
 1/4 Cup 1 1/4 Cups 2 1/4 Cups 3 1/4 Cups
 1/2 Cup 1 1/2 Cups 2 1/2 Cups 3 1/2 Cups
 3/4 Cup 1 3/4 Cups 2 3/4 Cups 3 3/4 Cups
 1 Cup 2 Cups 3 Cups 4 Cups
 Premeasured Bags Other _____

If pup doesn't eat, provide

Pumpkin Wet Food Peanut Butter

Woof Treat at Night? Yes No

MEDICATIONS

1. Medication Name _____
 Daily As Needed (list symptoms)

Time AM Noon PM

Dosage _____

Last Given _____

2. Medication Name _____
 Daily As Needed (list symptoms)

Time AM Noon PM

Dosage _____

Last Given _____

Other Instructions _____

Feed Together Separate

PUP'S INFORMATION

Name _____

FOOD

Last Meal At Home _____

I Brought Food Woof's Food (\$2/day)

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 1/2 Cup 1 1/2 Cups 2 1/2 Cups 3 1/2 Cups
 3/4 Cup 1 3/4 Cups 2 3/4 Cups 3 3/4 Cups
 1 Cup 2 Cups 3 Cups 4 Cups
 Premeasured Bags Other _____

If pup doesn't eat, provide

Pumpkin Wet Food Peanut Butter

Woof Treat at Night? Yes No

MEDICATIONS

1. Medication Name _____
 Daily As Needed (list symptoms)

Time AM Noon PM

Dosage _____

Last Given _____

2. Medication Name _____
 Daily As Needed (list symptoms)

Time AM Noon PM

Dosage _____

Last Given _____

Other Instructions _____

