

4140 S Four Mile Run Drive, Arlington VA 22206
703-933-1935

	Drop-off	Pick-up
Date		
Time		

Dog: _____ Client: _____

Emergency Contact: _____

If your dog contracts a contagious illness, we will contact you to arrange pet sitting or a stay at a veterinarian for the remainder of your dog's stay. Pet sitting requires us to have a key on file.

Total Bags:	Breakfast	Lunch	Dinner
Food & Treats (amount / meal)			
Medication (name & dosage)			
Bedding Notes			

***** PLEASE, NO PERSONAL ITEMS. WE DO NOT HAVE ROOM *****

Special Instructions/ Health/Allergies	
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Boarding Update	<p>We will email you an update every 3 days of your dog's boarding stay. If you would like us to call you or provide more frequent updates, please indicate below</p> <p>Phone: _____ Email: _____</p> <p>Additional Update Instructions:</p>
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Upgrades		
<input type="checkbox"/> Crate Boarding (\$77/night) <input type="checkbox"/> Suite Boarding Suite (\$89/night) <input type="checkbox"/> Plush Bedding (\$3/night) <input type="checkbox"/> Slow Bowl Feeder (\$3/night) <input type="checkbox"/> House Food (\$3/night) <input type="checkbox"/> Dessert: (\$3/each) Cookie ___ #nights or ___ all *Kong ___ #nights or ___ all *Licky Mat ___ #nights or ___ all *preferred choice: peanut butter / applesauce / plain yogurt / canned pumpkin	<input type="checkbox"/> Bath (\$55) <input type="checkbox"/> Ear or Eye Clean (\$5) <input type="checkbox"/> Nail Trim (\$15) <input type="checkbox"/> Spa Package includes all the above + cookie (\$70) _____ <input type="checkbox"/> Pet Taxi Home (\$26/each way) - used PT service before? Y / N - do we have a key on file? Y / N - details on pickup/drop off times: <input type="checkbox"/> Pet Taxi Home (\$26/each way)	<input type="checkbox"/> Art Project \$10 <input type="checkbox"/> Attention Time \$10 ___ # days or ___ all days <input type="checkbox"/> Individual Enrichment \$10 ___ # days or ___ all days <input type="checkbox"/> Enrichment Camp \$15, M-F only <input type="checkbox"/> Nature Walk/Treadmill Walk \$15 ___ # days or ___ all days <input type="checkbox"/> On Demand Training (register) <input type="checkbox"/> Enrichment School (T/TH) _crate (\$120, 4-pk \$111, 8-pk \$105) _suite (\$132, 4-pk \$117, 8-pk \$123)

Intake Performed by: _____