

PARADISE RANCH PET RESORT CHECK IN SHEET

□ Bath - Groomers Gratuity Ar □ Brush Outs: \$5.00 and up G □ Nails Only \$10.00 □ Teeth Brushing \$8.00 Qty:_ □ Mid Bath (Mandatory, board □ Flea Protection - Mandatory, □ Training: Type of Training: _ □ Training Leash/Collar: (Price	ing 2 wks or more) \$25.00 per tube	☐ Pet Cab Delivery - Da☐ Pet Name Tag \$6.99	Qty: 0 Qty: ing Lessons \$35.00 Qty ate:Time: Phone # 0 after 11am Mon-Sat & Sun after 1pm -
Arrival Date:	Time In:	Guardian's Name:	
Pet(s) Name:		Pet(s) Name:	
Travel Destination:	Date:	To:	Tel.#
Travel Destination:	Date:	To:	Tel.#
			Tel.#
Name of Authorized Individual(s	Picking up Pet(s):		Tel.#
Pet's Departure Date:	Pickup 1	o Time: (Please Be Specific):	
Please describe ALL belor	gings coming in with your pet(s)	for this visit. Don't leav	e Leashes, Bowls, Toys or Bedding.
Food Description: BRAND NAMI	E / AMOUNT (What Type of Contain	ner)	
<u>Afternoon</u>	Feeding applies to puppies only.	All other pets will be fee	d morning / evening.
Morning Feeding:	Cups Dry Food Mixed With	h	can +
Afternoon Feeding:	Cups Dry Food Mixed With	າ	can +
Evening Feeding:	Cups Dry Food Mixed With	1	can +
Other Feeding Information:			
☐ Medication / Supplements:			
IS YOUR DOG ALLERGIC TO	ANY FOOD? Yes		
If we run out of your pet's food, v	·	Your Brand (Store Trip: S	\$25.00) use Brand of food is California Natural.
Check One: ☐ Chicken/Rice	☐ Grain Free Chicken ☐ Lamb/F	Rice Grain Free Lam	b ☐ Herring/Swt. Potato ☐ Puppy
IS YOUR DOG CURRENT O	N A FLEA TREATMENT?	'es OR □ NO DA	TE APPLIED LAST
Guardian or Authorized Agent's	Signature: X	Office Sig	gnature
CHECK IN Attendant's Use On	ly Checked in by		
Condition of:Ears	Condition of:Ears	Co	ondition of: yes:Ears
Skin/Coat:Locker #	Skin/Coat: Weight Loc	Sk	kin/Coat: /eightLocker #
CHECK OUT			
Condition of:Ears	Condition of:Ears	Co	ondition of: yes:Ears
Skin/Coat:Locker #		Sł	kin/Coat:Locker #
vveigntLocker#	vveigntLoci	(ei # W	eignitLocker#