



Check In Sheet

Name of Owner _____ Pet's Name _____
 Phone _____ 2nd Phone _____ Breed _____
 Address _____ Color _____
 City/St/Zip _____ M F DOB _____
 Veterinarian _____ Phone _____
 Feeding Instructions _____
 Medication _____
 Special Instructions: _____
 Date In _____ Est. Date Out _____ Date Out _____

Additional Services

- ___ x during stay @ \$7 Individual turn out in exercise yard
- ___ x during stay @ \$2 fun games during turn out
- ___ x during stay @ \$7 Individual country walk
- ___ x during stay @ \$3 Goodnight rubdown with cookies
- ___ x during stay @ \$2 Kong Treat
- ___ x during stay @ \$1.75 Long lasting chew hoof

Professional Bath – bath ~ nails ~ ears ~ anal glands

- \$15 small
- \$20 medium
- \$30 large
- \$3 Blueberry Facial



Contract

I _____, certify that I am the owner of this pet, and I grant permission to Kennels In The Country to obtain on my behalf and in my pet's best interest the veterinary care necessary to treat illness or injury. I agree to pay all veterinary and other necessary services incurred by and for my pet during its stay in this facility.

This boarding facility agrees to exercise all due and reasonable care to prevent injury or illness to my pet. However, in the event of illness or injury, the owners and employees of this boarding facility shall not be held personally liable for such injury or illness.

I agree to pay all charges the day I pick up my pet, and I understand that my pet may not leave the premises until all charges are paid in full. I understand that any animal left for ten days beyond the estimated date of pick-up will be considered abandoned.

Customer

Facility Manager

Date