



Red Bluff Pet Resort

Check-In Form

Owner's Name _____

Pet's Name _____ Boarding Location _____

Boarding Dates ____/____/____ to ____/____/____ Check Out Time ____:____ AM/PM

Are there any medical issues, physical issues, restrictions, anxiety or allergies that we should be aware of during your pet's stay?

Has your pet ever shown any aggression toward another person or animal? Yes No *If yes, please explain.*

Feeding Instructions:

Owner's Food Kennel Food *(circle One)*

Feed ____ Cup(s)/Can(s)/Bag(s)/Scoop(s) ____ times per day. Morning Noon Evening

Special feeding instructions: _____

Treats:

Yes or No *(circle one)* **Owner must bring their own treats.**

Treat Name _____ Instructions _____

Treat Name _____ Instructions _____

Grooming Services:

Bath: Yes/ No (Complimentary if staying 7 nights or longer-DOG'S ONLY)

Nail Trim: Yes / No

Full Service Groom: Yes / No *(If yes, let groomer get instructions. If groomer not present, get client's phone number)*

Client phone number: _____

Do you or your pet have any allergies to scented shampoo or cologne? Yes / No _____

Medications:

Does your pet have any medication that we need to give? Yes / No *(If yes, fill out separate medication form)*

Other Services:

Healthy Pet Insurance Yes / No *Please sign attached form.*

Activities (There is an additional fee for individual and group play activities)

Individual Playtime (One-on-one attention) One 15 min session per day / Two 15 min sessions per day/ Declined (Circle one)

Everyday Every Other Day Other _____

Individual Playtime: Start Date: ____/____/____ End Date: ____/____/____

Group Play Activities (Must be temperament tested & spayed/neutered)** Full Day / Half Day / Hourly / Declined (Circle one)

Everyday Every Other Day Other _____

Group Play Activities: Start Date: ____/____/____ End Date: ____/____/____ Pick Up Time ____:____ AM/PM

****Group Play activities require additional paperwork to participate.**

For office use only: Pet's Name _____ TECH INITIALS _____ RECEP INITIALS _____

Weight at Check-In _____

Physical Exam:

Hair Coat: Short Hair / Long Hair **Matts:** Yes / No **Color:** _____

Skin: Sores / Lesions / Scratches / Scars / Skin Defects _____

Teeth: Clean / Tartar / Infected

Ears: Left Clean / Dirty / Infected / Sores _____ (Check inside & ear flaps)

Right Clean / Dirty / Infected / Sores _____ (Check inside & ear flaps)

Eyes: Left Clear & Bright / Infected / Cataract / Discharge _____

Right Clear & Bright / Infected / Cataract / Discharge _____

Body: Bumps / Lumps / Missing Hair / Other _____

Mobility: Walking Normal / Abnormal _____

Running Normal / Abnormal _____

Arthritis Yes / No _____

Pads of Feet Normal / Redness / Sores _____

Nails Short / Long / Deformities _____

Fleas Yes / No If yes, was Capstar given? Yes / No

Ticks Yes / No If yes, was Certifect applied? Yes / No

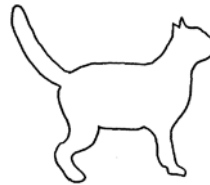
MARK FINDINGS IN THE APPROPRIATE LOCATION BELOW.



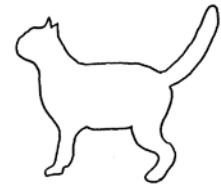
Right



Left



Right



Left

Were there any areas you were not able to check on the pet? Yes / No If yes, why? _____

What was the pet's temperament at check-in? (Check all that apply.)

Shy Fearful Snapping Playful Relaxed Energetic Cautious Aggressive

PLEASE REVIEW AND SIGN THAT YOU HAVE BEEN NOTIFIED OF THE PHYSICAL EXAM FINDINGS.

OWNER'S SIGNATURE

Cut here -----

Owner Name: _____ Pet Name: _____ Location: _____

Departure Date: ____/____/____

Describe Items Brought:

Food _____

Treats _____

Bedding _____

Leash/Collar _____

Toys _____

Other _____