

STAFF USE ONLY: Check-In Attendant _____ Run Number _____

Dayboard Check-In



Owner(s) name: _____ Phone number(s): _____
Pet(s) name: _____ Check in date: _____ Check out date: _____

Accommodations

Can your dog jump or climb a 6' fence? Yes No

Town and Country (Indoor/Outdoor kennels—suitable for small to giant breed dogs) **\$17/day/dog**
Base boarding fee

Big City Suites (Indoor only—suitable for SMALL BREED dogs only) **\$30/day**
Base boarding fee plus treats & potty walks
Complimentary treat: Canned Food Peanut Butter None

Special Needs (Pets with medical needs only) **\$30/day**
Base boarding fee

Additional Amenities

Romp 'n Run Playtime **\$5.50/playtime**
15-20 minutes of supervised play in our spacious fenced, grassy yards
 Individual OR Family OR Group (with similar-sized dogs—requires consent form)
Choose: One time OR 2 times

Treat Time **\$1/day**
Kong toy filled with your choice of: Canned Food Peanut Butter

Extra TLC (1 on 1 quality time with a staff member) **\$3/day**
\$5/family

Let's Play Fetch!(15 minutes of 1 on 1 fetch with an attendant; Includes ball, requires consent form) **\$7/day**

Boarding Bath (includes nail trim) **\$25 and up**
Based on coat and temperament; heavily shedding/matted dogs ineligible.

Nail Trim **\$15.00**

Feeding Instructions

Own Food Our Food (Royal Canin Gastrointestinal Low Fat - dry or canned)
 Once/day Twice/day Three times/day

Amount to feed: _____

Medication or Treatment Instructions

* Additional medications, 3x /day medications, or special procedures will incur an extra fee

Please Complete and Sign Reverse Side

Special Procedures or Instructions?

Specify Allergies, Health or Medical Concerns

Emergency phone number to reach owner: _____

Regular Veterinarian: _____

Release: (Please read and sign)

Reasonable precautions will be taken against communicable disease, illness, injury, escape, or death of this pet. South Mesa Veterinary Hospital/Come-Play-Stay and staff will not be held liable for problems that might develop provided reasonable care and precautions are followed. I agree that any medical problem that develops with my pet will be treated as necessary in accordance with routine procedures and I assume full financial responsibility for all such treatments. A South Mesa Veterinarian will make every attempt to contact me in the event that my pet needs medical attention. As required by the Colorado Department of Agriculture, PACFA Regulations, Description 16.00 G. 3., in the event of death, the facility will provide interim body care (cold storage at South Mesa Veterinary Hospital) until the owner is reached and final plans are made. I assume full financial responsibility for all medical treatment my pet needs, even if I cannot be contacted. South Mesa Veterinary Hospital/Come-Play-Stay is not liable for the loss, damage or destruction of personal belongings.

I understand that I will be charged for a full day of boarding on the day of drop-off and pick-up, unless I pick my pet up **before** 11:00 am Monday-Saturday, and I will always be charged for a full day of boarding on Sunday. I agree to pay in full with cash or credit card (we do not accept checks) at the time of pick up.

Signed: _____ **Date:** _____

If you desire a limit on treatment, please state here: _____

Release for pets less than six (6) months of age: I understand that, due to the young age of my pet, it may be more susceptible to disease as its immune system has not been completely developed.

Signed: _____ **Date:** _____