

Easy Check In

The Easy Check In form is to be used in conjunction with an already existing reservation.

Owners First & Last Name:

Your Check In Date:

Your Check Out Date:

Pets Name:

BARK AVENUE PET RESORT

Do your pets board... | Together | - | Separate | - | N/A |

Does your pet need a bath and brush, or full grooming services before your dog goes home?

| Yes | - | No |

The flea and tick treatment will automatically be scheduled and given on day of arrival unless a veterinarians note or receipt of prior purchase is attached.

If yes to a bath and brush, what time should we have your dog ready for you?

(pick any time from 11am to 3pm Monday through Saturday or 11am to 3pm on Sunday) - Dogs picked up after 4pm are subject to one nights boarding fee

If yes to a grooming, you'll need to schedule grooming services before your day of arrival.

Would you like your dog to have any extra activities:

Pet and Play

| Yes | -or- | No |

If Yes, how many times per day? Up to three times.

What Days

| 1 | - | 2 | - | 3 |

| M | - | T | - | W | - | Th | - | F | - | Sa | - | S |

PM Potty Walks

| Yes | -or- | No |

If Yes, how many times per day? Up to three times.

What Days

| 1 | - | 2 | - | 3 |

| M | - | T | - | W | - | Th | - | F | - | Sa | - | S |

Swim Time

| Yes | -or- | No |

If Yes, how many times per day? Up to three times.

What Days

| 1 | - | 2 | - | 3 |

| M | - | T | - | W | - | Th | - | F | - | Sa | - | S |

Kong Treat

| Yes | -or- | No |

If Yes, how many times per day? Up to three times.

What Days

| 1 | - | 2 | - | 3 |

| M | - | T | - | W | - | Th | - | F | - | Sa | - | S |

Pupcicles

| Yes | -or- | No |

If Yes, how many times per day? Up to three times.

What Days

| 1 | - | 2 | - | 3 |

| M | - | T | - | W | - | Th | - | F | - | Sa | - | S |

If you have more than one pet, can they play together?

| Yes | - | No | - | N/A |

Please give a brief description of any toys you are leaving. (limit of 2 per pet)

Please keep in mind that any plush, or water absorbent toys, blankets or beds may not be returned.

Veterinarian Information:

Name of Clinic:

Telephone Number of Clinic:

Is your pets vaccinations updated in Bark Avenue Pet Resorts system?

Please verify this with us prior to checking in and/or ask your vet clinic to fax this to us at 480-854-6963

Is your pet on medication that he/she will need while here?

|Yes| - |No|

If yes to medication, this is important, please fill out carefully.

Name of medication:

Amount to be given:

How often to be given:

Starting with which dose:

| Day of arrival | - | Next day |

| AM | - | PM |

What is this medication for:

Name of Clinic that prescribed this

medication:

(Attach a separate note for each additional medication, with this information)

What credit card would you like to have on file for medical emergency?

| VISA | - | Master Card | - | Discover |
No Checks are accepted

Credit Card Number

Exp Date

*This card is for medical emergency, you are not automatically billed for boarding charges, therefore a credit card will need to be presented at time of check out for boarding charges.)***Feeding instructions**

Will we be feeding your pet

| Your Food | - | Our Food |

How often would you like us to feed your pet

| Once | - | Twice | - | Three | Times per day

(Please keep in mind, we do not 'free feed' meals. Breakfast and lunch are offered for approximately 2 hours each and dinner is left for them to nibble on overnight.)

How much does your pet eat at per serving:

*(Using standard measuring cup amounts, or if pre-portioned into individual bags, a whole or half baggie per meal)**(examples: "1 1/2 cups AM, and 2 cups PM" or "1/2 baggie AM and PM" or "3 cups PM only")***Emergency Numbers**

We would still like the owners cell numbers, even if you will be out of town, and please write down all emergency contact numbers, even if you believe that we already have them on file.

Owners Cell Phone Number

Emergency Contact 1

Name

Phone Number

Emergency Contact 2

Name

Phone Number

Emergency Contact 3

Name

Phone Number

Is anyone picking up for you: | Yes | - | No |

If Yes, who?

(We may not release if the person picking up is not an authorized owner or noted here)

If someone else is picking up for you, as a courtesy we can, with your permission try to run the medical emergency credit card on file, this does not always work, especially if the card is being used out of town also, so the person should have a backup method of payment from you, VISA, Master Card, Discover, CASH – Sorry no checks are accepted).

I authorize the use of the emergency medical credit card on file for payment. | Yes | - | No |

You will need to sign the contract, and authorize your choice of medical allowance at the desk. This can be done up to one week prior to the date of arrival, by stopping in and filling it out.

Acknowledgement

I understand that this form must be completely filled out by me for each individual reservation, and I understand that if I have not "noted" my requests here, they will not be scheduled for this stay

Owners printed name

Owners Signature

Lastly, pack up and head out of town, your pet will be cared for and loved by all of us in your absence! Have a great trip, and remember, you are always welcome to call and check up on your pet.