

5: MOST PUP'ULAR SERVICES

<u>SERVICE</u>	<u>COST</u>	<u>FREQUENCY</u>			<u>INITIALS</u>
Pupdate photo text message	\$11	Daily	Once	Dates: _____	
Doggy Day Camp (8am-4pm)	\$22	Daily	Once	Dates: _____	
Extra Potty Walk	\$14	Daily	Once	Dates: _____	
Tuck-In+Tummy Rub 10-15 min.	\$20	Daily	Once	Dates: _____	
Personal Play+Cuddle 15-20 min.	\$36	Daily	Once	Dates: _____	
Family Play+Cuddle 15-20 min.	\$46	Daily	Once	Dates: _____	
NEW Play Package 1 extra potty walk, 2 personal play times, plus 1 pupdate and 1 busy bone once during stay <i>(must check-in by 11am)</i>	\$65 a day \$10 per additional dog per day	Daily	Once	Dates: _____	

6: A LA CARTE SERVICES (Cost is Per Service)

<u>SERVICE</u>	<u>COST</u>	<u>FREQUENCY</u>			<u>INITIALS</u>
Pee Pads	\$6	Daily	Once	Dates: _____	
Bedtime Biscuit	\$8	Daily	Once	Dates: _____	
Busy Bone	\$11	Daily	Once	Dates: _____	
Chew Toy Rental	\$11	Daily	Once	Dates: _____	
Doggy Ice Cream	\$14	Daily	Once	Dates: _____	
Pool Play w/Lifeguard (45 min.)	\$70	Daily	Once	Dates: _____	
Cat- Kitty Cuddle+Play (15-20 min.)	\$35	Daily	Once	Dates: _____	
Cat- Cat Scratch Post+Mouse Toy	\$13	Daily	Once	Dates: _____	
Cat- Kittydate photo text message	\$11	Daily	Once	Dates: _____	

7: SPA SERVICES (See Front Desk Agent to Schedule an Appointment-Limited Availability)

AGREEMENTS & REMINDERS:

LOBBY HOURS: Mon-Sat: 8am-6pm Sun: 8am-4pm

Terms & Conditions:

I, the undersigned, certify that I am the owner, authorized agent for the owner, of the pet(s) described herein. I authorize The Barkley Pet Hotel & Day Spa to obtain medical records (i.e. vaccinations) from my Veterinarian. I hereby represent that all information provided in this document is accurate and agree to pay prior to check-out for all services I have requested herein. I further agree that this stay is subject to the terms and conditions as set forth in The Barkley Pet Hotel & Day Spa Agreement. In the event The Barkley deems emergency medical services are needed, I authorize The Barkley to take my pet(s) next door to VCA Westlake Village Animal Hospital during their hours of operation or to transport and seek emergency services at a 24 hour pet hospital and accept responsibility of medical charges incurred if such need arises during my pet(s) overnight stay at The Barkley Pet Hotel & Day Spa. I have read and understand all of The **Barkley Pet Hotel & Day Spa Terms & Conditions** contained in The Barkley Pet Profile & Hotel Agreement.

***We require a 48-hour notice to cancel or reschedule boarding reservations. If cancelled within the 48 hours, a \$50 cancellation fee will apply.**

Signature: _____ Date: _____

BARKLEY OVERNIGHT CHECK-IN FORM

1: YOUR INFORMATION Check-In and Check-Out Times are Monday-Saturday 9am-3pm & Sunday 8am-3pm

YOUR NAME: _____ PET NAME(S): _____
 CHECK IN _____ CHECK OUT _____ Phone # 1: _____ Phone # 2: _____
 OWNER'S DESTINATION: _____ EMERGENCY CONTACT: _____

2: PET(S) FOOD Please bring food in pre-portioned containers per meal. No meds/supplements mixed in.

My Pet will eat Barkley House Cuisine, a \$5 daily fee applies per pet
 I have Supplied my pet's food: Name/Brand: _____
(Please make sure to bring enough food for pet's entire stay, plus a little just in case)
 I certify no medications/supplements have been pre-mixed in my pet(s) food: Initials: _____

Is it ok to use enticements to help your pet eat? YES NO

(chicken, pumpkin, broth, house wet food, rice, peanut butter)

Does your pet have any food allergies? (Please List): _____

3: FEEDING SCHEDULE Breakfast starts at 6am, Lunch starts at 12pm, and Dinner starts at 6pm

PET NAME: _____ **Separate/Sit with for feeding if sharing suite?** SEP SIT
 MORNING FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____
 AFTERNOON FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____
 EVENING FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____

PET NAME: _____ **Separate/Sit with for feeding if sharing suite?** SEP SIT
 MORNING FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____
 AFTERNOON FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____
 EVENING FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____

PET NAME: _____ **Separate/Sit with for feeding if sharing suite?** SEP SIT
 MORNING FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____
 AFTERNOON FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____
 EVENING FEED AMOUNT: _____ (Cups/Bags) Mixed With: _____

4: MEDICATIONS/SUPPLEMENTS (must be provided in original container) \$5 per dose

Known Injuries or Concerns: _____

Any Allergies: _____

Additional Health Information: _____

Med/Supplement Schedule: (\$5 per dosage) **Ok to use enticements?** YES NO

#	Medication Name	Dosage	Time	Reason
1				
2				
3				
4				
5				

See Reverse Side for Additional Services & Signature