



# Red Bluff Pet Resort

## Check-In Form

Owner's Name \_\_\_\_\_

Pet's Name \_\_\_\_\_ Neutered/Spayed?  Yes  No

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 (\$1 per day per pet for kennel food) *(circle One)*

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

Special feeding instructions: \_\_\_\_\_

Does your pet still need to be fed today?  Yes  No If yes, when? \_\_\_\_\_

### TREATS:

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

Treat Name \_\_\_\_\_ Instructions \_\_\_\_\_

Treat Name \_\_\_\_\_ Instructions \_\_\_\_\_

### GROOMING SERVICES:

**Bath:** Yes/ No (40% off for dogs staying 7 nights or longer; includes bath, brush, nail trim and ear cleaning. Matted dogs will incur a dematting fee.)

**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)*

Does your pet still need to be medicated today?  Yes  No If yes, when? \_\_\_\_\_

**HEALTHY PET INSURANCE** Yes / No **Please sign attached form.**

**ACTIVITIES** *(There is an additional fee for individual and group play activities and training)*

**^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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**^Brush Me Playtime (15 min for coat maintenance)** Yes / No How often would you like this done? \_\_\_\_\_

**^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.**

**Is someone other than you picking up your pet?**  Yes  No *If yes, please indicate their name and phone number.*

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

Weight at Check-In \_\_\_\_\_

**Physical Exam:**

Hair Coat: Short Hair / Long Hair 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 \_\_\_\_\_

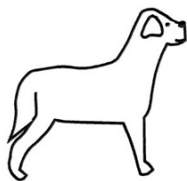
Nails Short / Long / Deformities \_\_\_\_\_

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

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

Matts in the coat: Yes / No If yes, indicate where below.

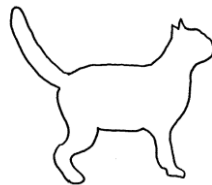
**MARK FINDINGS IN THE APPROPRIATE LOCATION BELOW.**



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