

Reservation Services Form

Customer Name: _____ New / Paying Member

Pet(s): 1. _____ / _____ 2. _____ / _____ 3. _____ / _____ 4. _____ / _____

New / Lifetime Member

New / Lifetime Member

New / Lifetime Member

New / Lifetime Member

Day Care Services Info and Billing:

	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	
Boarding	\$	\$	\$	\$	\$	
Full-Service Bath	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Waterless (WS)	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Brushing (BC)	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Nail Trim (NT)	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Ear Cleaning (EC)	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Teeth Cleaning (TC)	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Anal Glands (AG)	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Nature Walk	Daily- \$ 2xDaily- \$	Daily- \$ 2xDaily- \$	Daily- \$ 2xDaily- \$	Daily- \$ 2xDaily- \$	Daily- \$ 2xDaily- \$	
Vouchers	\$	\$	\$	\$	\$	
Total for Day/Week	\$	\$	\$	\$	\$	\$

Overnight Services Info:

Arrival Date: _____ Time (Office Use): _____ Departure Date: _____ Time (Office Use): _____

Healthy Pet Plan: Yes ___ No ___ Number ___ *Two week coverage of up to \$300 for any infections or persistent stomach ailments. \$20 per stay.*

Full-Service Bath? Yes ___ No ___ Care Instructions: _____

Other (Circle): Waterless Shampoo-\$5 to \$18 / Brushing-\$T.B.D. / Nail Trim-\$10 / Ear Cleaning-\$5 / Teeth Cleaning-\$8 / Anal Glands Expressed-\$8

Service Instructions: _____

Yard Play? Yes ___ No ___ Daily> ___ Twice Daily> ___ Even Days> ___ Odd Days> ___ Specific Number/Dates> _____

Service Instructions: _____

Nature Walks? Yes ___ No ___ Daily> ___ Twice Daily> ___ Even Days> ___ Odd Days> ___ Specific Number/Dates> _____

Service Instructions: _____

Portrait of Your Pet(s)? Yes ___ No ___

Overnight Services Billing: (Office Use Only) (Peak Period: _____)

Departure: _____ Time: _____ Days: _____ x \$ _____ = _____ (+ or -) Peak Difference: \$ _____ Total: \$ _____

Healthy Pet Plan: _____ Number _____ x \$ _____ Total: \$ _____

Full-Service Bath: _____ Notes: _____ \$ _____ \$ _____ \$ _____ Total: \$ _____

Other (Circle): Waterless \$ _____ / Brushing \$ _____ / Nails \$ _____ / Ears \$ _____ / Teeth \$ _____ / Glands \$ _____ Total: \$ _____

Yard Play: _____ Number _____ x \$ _____ Total: \$ _____

Nature Walks: _____ Number _____ x \$ _____ Total: \$ _____

Pick Up \$ _____ and/or Delivery \$ _____ Total: \$ _____

Medical: _____ Number _____ x \$ _____ Total: \$ _____

Sub-Total: \$ _____ ➡

+ Portrait \$ _____ + Membership \$ _____ - Free Boarding \$ _____ - Voucher(s) \$ _____ - Points/Rewards _____/\$ _____ Total: \$ _____

_____ / _____