

FELINE OVERNIGHT GUEST CHECK-IN

Please take a few minutes to complete this form for your Pet, one per Pet Please

Owner's Name:		Tel # you can be reached at during your Pet's stay					
Pet Guest's Name:		Breed:					
Emergency Contact (other than owner) Name:		Tel #					
In the unlikely event your Pet requires med You Emergency (who would you like us to contact first?					
Any changes/updates to any information al medical history, etc.) No Yes	oout you or your	Pet since last visit? (i.e. address, veterinarian,					
Check-in Date Time							
Mon-Fri Check-in Times are 12pm to 5pm* Sat+Sun Check-in Times are 12pm to 3pm* Check-out Date							
SPOIL YOUR PET To make your Pet's stay even more enjoyable, we offer the following:							
Feline A La Carte Selections (Extra	as)	Every					
Please check all that apply	Every Day	ry Other or Specific Dates Cli	ient itials				
Kitty Tuna Treat (real tuna!) Frozen Tuna Pop (homemade) Sardine Snack Bizzy Kitty Toy (cat toy with cat nip) Private Play Session Private Cuddle Time Daily Brushing	\$2/each						
Flat Screen TV (included with VIP Suites) Web Cam (included with VIP Suites)	\$3/day \$5/day						
tel: 508.248.7474 • fax: 508.434.0494	Reservations@	TheBarkwoodInn.com www.TheBarkwoodInn.	.com				

FEEDING INSTRUCTIONS

To avoid unnecessary stomach upset, we require our Overnight Guests to arrive with their own food. IMPORTANT! All meals must be measured out and placed in individual serving size ziploc baggies, labeled with your Pet's name. The serving size contained in each baggie, and any added food supplements must be included in the instructions below. (ex. $\frac{1}{2}$ cup dry mixed with $\frac{1}{3}$ can of moist.)

Dry Food (brand)	y Food (brand) Canned Food (brand)							
Food Supplements:								
Morning Feeding Instru	ctions:							
Afternoon Feeding Instr	uctions:							
Evening Feeding Instru	ctions:							
Treats (brand)		Гуре	How Many?					
If your Pet did not arrive with his/her own food, or if your Pet did not arrive with a sufficient amount of food, house food will be served at a charge of \$2 per day.								
If your Pet experiences at a charge of \$2 per day		pset during his/her s	tay, a bland diet will b	be served				
If your Pet is a finicky e at a charge of \$2 per day		er stay, canned food	and/or supplements w	vill be served				
Food Allergies?	No Yes	If yes, what type	?					
MEDICATIONS								
My Pet will require The All medication contain				,	of \$4 per day.			
Please do not add or	mix medication	s with your Pet's fo	od in advance, pleas	se leave in origina	al containers.			
Type	Dosage	Frequency	Reason	Client	Initials			
Type	Dosage	Frequency	Reason					
Additional Instructions								