



FELINE OVERNIGHT GUEST CHECK-IN

Lobby Hours: M-F — 7a.m - 6 p.m.
Sat. & Sun. — 8a.m - 5 p.m.

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

To check-in as an Overnight Guest, the following conditions must be met:

- 1). Complete this Overnight Guest Check-In form
- 2). Complete the Client Agreement form (if not already on file)
- 3). Complete the Pet Guest Profile form (if not already on file)
- 4). Pass our Pet Evaluation (if not already on file)
- 5). Be at least 3 months of age
- 6). Pet's food is separated into individual servings (in Ziploc baggies)

Check-in Date _____ *Time (after 12pm) _____

Check-out Date _____ *Time (before 12pm) _____

*A \$10 condo fee is charged per guest for early check-in and late check-outs.

Client Initials _____

Owner's Name _____

Pet Guest's Name _____

Breed _____

Color/Markings _____

Any changes/updates to my personal information? (i.e. phone number, address, emergency contact, veterinarian, etc...)

No Yes (please update below)

Specific Diet Instructions

Dry Food (brand) _____ Canned Food (brand) _____

Morning _____ cups dry food mixed with _____ cans of food

Noon _____ cups dry food mixed with _____ cans of food

Evening _____ cups dry food mixed with _____ cans of food

To avoid unnecessary stomach upset, we require that all of our Overnight Guests arrive with their own food. Please prepare each meals serving size in a separate baggie with your Pet's name on it for each day of his/her stay. We do not charge an additional fee for preparing and serving our Guest's food. **\$2 per day** charge for house food.

Food Allergies? Yes No If yes, what type? _____

Other _____

My Pet usually eats: Alone With Siblings

In the event your Pet decides to be a finicky eater, we will add a small amount of canned food, palatable supplements or treats as enticement.

Additional Notes _____

Client Initials

Medical Information

My Pet will require The Barkwood Inn to administer the following medications/injections at a cost of **\$4 per day**. All medication containers must be labeled with your Pet's first and last name as well as the name of the medication.

Type _____ Amount _____ Frequency _____ Reason _____ Client Initials _____

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Administration Instructions _____

Please check if your Pet has a history of the following: urinary tract infections eye infections ear infections lameness/limping
 skin problems respiratory problems seizures other _____

Feline Luxury Suites

Please check one: (single occupancy rate per night)

- 4X6 Junior Suite** \$18
 (includes private window view, window seat, soothing music and kitty climber)
- 6x6 VIP Suite** \$23
 (includes private window view, window seat, soothing music, kitty climber, flat screen TV and Webcam)

Please check one:

- Single occupancy**
- Double occupancy** (additional Feline Guest from the same household, in the same suite, 50% discount)
- Triple occupancy** (additional Feline Guest from the same household, in the same suite, 50% discount)

Feline A La Carte Selections (Extras)		Every Day	Every Other Day	or	Specific Dates (please indicate below)	Client Initials
<i>Please check all that apply</i>						
<input type="checkbox"/> Kitty Tuna Treat (real tuna!)	\$2/each	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
<input type="checkbox"/> Frozen Tuna Pop (homemade)	\$2/each	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
<input type="checkbox"/> Sardine Snack	\$2/each	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
<input type="checkbox"/> Live Kitty Grass	\$1/day	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
<input type="checkbox"/> Bizzy Kitty Toy (cat toy with cat nip)	\$2/each	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
<input type="checkbox"/> Private Play Session	\$5/each	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
<input type="checkbox"/> Private Cuddle Time	\$5/each	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
<input type="checkbox"/> Daily Brushing	\$5/day	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
<input type="checkbox"/> Flat Screen TV (included with VIP Suites)	\$3/day	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
<input type="checkbox"/> Web Cam (included with VIP Suites)	\$5/day	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

Luggage

Although we provide all of our Pet Guests with comfortable bedding and toys, personal belongings from home are welcome. Please do not bring valuable or cherished items, as it is possible for such items to be lost or damaged. We cannot guarantee the condition of such items upon check-out.

I agree, to the best of my knowledge that all information provided in this document is accurate and up to date.

Owner's Signature _____ Date _____