



IT TAKES A VILLAGE TO RAISE A PET

BOARDING CHECK-FORM

DOG'S NAMES(S): _____ OWNER'S NAME(S): _____

WHERE ARE YOU STAYING?(CITY/ COUNTRY) _____ BEST WAY TO REACH YOU _____

Check in	Date	Time	Check out	Date	Time	After Hours Drop off/Pick up <i>*includes daycare dinner \$15</i> <input type="checkbox"/>
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PROGRAM	RATE	CHECK OUT BY 10AM	LATE CHECK OUT BY 3PM	CHECK OUT BY 9PM
SOCIAL ROOM	68/NIGHT	INCLUDED	\$30	\$46
SINGLE ROOM	80/NIGHT	INCLUDED	\$35	\$55
PUPPY PROGRAM	70/NIGHT	INCLUDED	\$35	\$50
SEMI PRIVATE/PRIVATE	100/NIGHT	INCLUDED	\$50	\$70

EXTRA SERVICES -PLEASE INDICATE HOW MANY OR HOW OFTEN-

30 MINUTE WALK (\$25) _____ BRUSHOUT (\$15-45) _____
 30 MINUTE PLAY (\$25) _____ BATH (\$30-80) _____
 15 MINUTE TRAINING (\$25) **Fill out training request on reverse* _____ NAIL TRIM (\$20-25) _____
 FULL GROUP PARK TRIP (\$20) _____ 3-DOG PARK TRIP (\$25) _____

Please Note: All Park Trips are at the discretion of management. If we are unable to take your dog to the park you will not be charged. If you would like us to substitute a different service, please mark the alternative service with "SUB".
 New dogs must start in 3-dog park trips until we have cleared them for full group trips.

FEEDING INSTRUCTIONS

DOG(S) NAME	INSTRUCTIONS IN STANDARD CUPS	AM	LUNCH (\$3)	PM	Treats OK? Y / N Any Medications? Y / N <i>Fill out medication form on reverse</i>
					House Food Options (prices vary) Kibble / Can / Raw \$4 no container fee

DINNER ON FINAL DAY NOT INCLUDED
 ADD DAYCARE DINNER TO FINAL DAY? \$3

DESCRIPTION OF ITEMS BROUGHT: _____

ANY CHANGES TO DOG'S BEHAVIOR/HEALTH OR REQUESTS _____

PERSON TO CALL IN CASE OF EMERGENCY _____ CURRENT VETRINARIAN: _____

METRO DOG HAS UPDATED THE TERMS AND CONDITIONS OF ITS CONTRACT 06/5/14, AVAILABLE AT <http://metrodog.com/reservations-forms/>

I HAVE READ THE UPDATED CONTRACT AND AGREE TO ITS TERMS X _____

STAFF USE ONLY

ESTIMATED COST OF STAY: _____ PAID : _____ CA. CK. MD. AN. DP.

PRE-EXISTING BALANCE: _____ REMAINING BALANCE: _____ STAFF CHECK IN: _____ CHECK OUT: _____

AUDITED BY: _____ date: _____ ADDITIONAL CHARGES INCURRED: _____ OWES: _____

Medication and Dietary Supplement Instructions

Dog's name (first & last): _____ Start Date _____ Time _____

Medication name	Type Pill/topical /liquid	Dosage/ directions	Time	Time	Time	Has dosage changed from label Y/N

Prescribing Veterinarian/Office: _____

How does your dog best take the medication? _____

_____ (Initial) Application of Topical Flea and/or Tick medication \$15 – includes private rooming and care until Medications are completely dry

_____ (Initial) I understand that supplements are put directly in the dog's food and staff do not ensure that my dog has eaten it. I understand there is no charge to put supplements into my dog's food.

_____ (initial) I understand and agree to pay \$3/medication administration. Staff will ensure that my dog has taken the medication. Staff will use the preferred method of delivery I have stated above, but will employ other means if my dog rejects the medication. Metro Dog never forces dogs to take medication, but will encourage and coerce with whatever means are available, food augmentation being the most widely used.

_____ (initial) In the event that my dog refuses all efforts to administer a medication I request that:
 _____ my dog skip this dose and the staff try again at the next _____ the staff tries again in a couple hours

_____ my dog be taken to the vet _____ contact me _____ contact _____

Signed: _____ Date: _____

Training Request

Training sessions are 15-minute segments to provide refreshers for basic manners, to learn fun new tricks or problem solving exercises using clickers or scent work. If you have a training request for a behavioral issue or you are looking for a full training program please contact our training dept. training@metrodog.com for information on Board & Train or Daycare & Train programs.

For Each 15-minute training time:
 What would you like us to work on? _____

What commands, if any, would you like us to use?

We use only positive reinforcement techniques. We frequently use food rewards but we also employ play, affection or anything else which the dog enjoys. What foods or activities does your dog really like _____

Are there any foods or activities your dog cannot have? _____