

# OVERNIGHT GUEST CHECK-IN

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[www.pawprintinn.com](http://www.pawprintinn.com)



Please take a few minutes to complete this Check-In form for your pet, **one per pet** please.

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

Pet Guest's Name \_\_\_\_\_

Check-in Date: \_\_\_\_\_ Time: \_\_\_\_\_

Check-out Date: \_\_\_\_\_ Time: \_\_\_\_\_

Any changes/updates to my personal information (i.e. phone number, emergency contact(s), and veterinarian)

No  If yes, please update \_\_\_\_\_

Emergency Contact(s): In the event of an emergency who do we contact first?

You  Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Others authorized to pick-up my pet \_\_\_\_\_

Belongings (Please describe, we can not guarantee the condition of belongings upon check-out.) \_\_\_\_\_

## ACCOMMODATIONS

**SUITE** (single occupancy rate per night)

4 x 6 Club Suite \$45  6 x 6 Club Suite \$49  6 x 12 Club Suite \$60

6 x 6 Signature Suite \$63  6 x 10 Signature Suite \$71  **Early Check-in before 12:30pm \$15**

**CAT CONDO** (single occupancy rate per night)

Penthouse \$31  Window Penthouse \$36

## **SUITE DOGGY DEALS – take advantage of our special packages and save**

\_\_\_\_\_ (quantity) **Unleash Me Package** \$18 – Includes one Private Play Session, one Obedience & Fun Session and your choice of:  Stuffed Kong Treat **or**  Gourmet Pupcake Treat **or**  Bichon Freeze Treat

\_\_\_\_\_ (quantity) **Laid Back Dog Package** \$13 – Includes one Private Play Session, one Cuddles & Pats Session and your choice of:  Stuffed Kong Treat **or**  Gourmet Pupcake Treat **or**  Bichon Freeze Treat

\_\_\_\_\_ (quantity) **Pamper Me Pooch Package** \$13 – Includes one Cuddles & Pats Session, one Bedtime Story & Tuck-in and your choice of:  Stuffed Kong Treat **or**  Gourmet Pupcake Treat **or**  Bichon Freeze Treat

\_\_\_\_\_ (quantity) **Penthouse Pooch Package** \$25 – Includes one Brush and Massage Session, one Bedtime Story & Tuck-in Session, one Private Play Session, one Vacation Photo Emailed and your choice of:  Stuffed Kong Treat **or**  Gourmet Pupcake Treat **or**  Bichon Freeze Treat

**A LA CARTE SELECTIONS – please enter how many of each**

<u>HOW MANY</u>	<u>ACTIVITIES</u>	<u>HOW MANY</u>	<u>TREATS</u>
_____	Private Play Session \$7/15 minutes	_____	Frozen “Bichon Freeze” Treat \$4 each
_____	Cuddles & Pats \$7/15 minutes	_____	Stuffed Kong Treat \$4 each
_____	Bedtime Story & Tuck-in \$7/15 min.	_____	Gourmet Pupcake Treat \$4 each
_____	Brush & Massage \$7/15 minutes	_____	Bottle Spring Water \$4/day
_____	Signature Suite Web Cams \$5/day	_____	Tuna Treat \$4 each
_____	Cat Nip toy \$4	_____	<b><u>GOURMET MEALS</u></b>
_____	Vacation Photo Emailed \$5 each	_____	Chicken Pot Pie Dinner \$7 each
_____	Email: _____	_____	Braised Beef Stew Dinner \$7 each
		_____	<b><u>GROOMING SERVICES</u></b>
		_____	Exit Bath (prices vary with breed)
		_____	Nail Clipping \$15
		_____	Grooming Services

**Check one**

**DIET INFORMATION**

- I will supply my pet’s food. **Prepare each meal in a separate baggie with your pet’s name on.** No additional charge.  
 My pet will eat the house cuisine. We serve a Premium Lamb and Rice kibble and canned food. No additional charge.

**Preparation Instructions**

Morning \_\_\_\_\_  cups /  pkg. dry food mixed with \_\_\_\_\_  canned /  water  
 Noon \_\_\_\_\_  cups /  pkg. dry food mixed with \_\_\_\_\_  canned /  water  
 Evening \_\_\_\_\_  cups /  pkg. dry food mixed with \_\_\_\_\_  canned /  water  
 Other \_\_\_\_\_

**My pet usually eats:**

Leave food out all day (free feeder)  Yes  No  
 If your pet decides to be a finicky eater, is it OK to add some canned food as an enticement?  Yes  No  
 Large Dogs Only – does your pet need a raised feeder?  Yes  No

**MEDICAL INFORMATION**

My pet will require the Paw Print Inn® to administer the following medications. Up to 2 Oral medications are complementary. **Topical medications are \$2.00 and injections are \$4.00 per administration.**

Type: \_\_\_\_\_ Reason: \_\_\_\_\_ Frequency \_\_\_\_\_ Amount \_\_\_\_\_  
 Type: \_\_\_\_\_ Reason: \_\_\_\_\_ Frequency \_\_\_\_\_ Amount \_\_\_\_\_  
 Type: \_\_\_\_\_ Reason: \_\_\_\_\_ Frequency \_\_\_\_\_ Amount \_\_\_\_\_

**Special Medical Instructions** \_\_\_\_\_  
 \_\_\_\_\_

**ACKNOWLEDGEMENT**

I agree that all information provided in this document is accurate and up-to-date.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_