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:	
Day Care Boarding	$	$	$	$	$	
Bath or Groom	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 - $	
Nature Walk	Daily- $ 2xDaily- $	Daily- $ 2xDaily- $	Daily- $ 2xDaily- $	Daily- $ 2xDaily- $	Daily- $ 2xDaily- $	
Pre-Total Day	$	$	$	$	$	
Day Care Credits						
Credit/Vouchers	$	$	$	$	$	
Total for Day/Week	$	$	$	$	$	$

Overnight Services Info:

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

Healthy Pet Plan(s)? Yes___ No___ Number___ *Two-week coverage of up to $300 for respiratory or gastrointestinal illnesses, eye infections. $20 per stay.*

Full-Service Bath/Groom? Yes___ No___ Service Instructions: _____

Bathing A La Carte (Circle): Waterless-*$T.B.D.* / Brushing-*$T.B.D.* / Nails-*$15* / Ears-*$8* / Teeth-*$10* 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: _____

Pupdate(s)? Yes___ No___ Number___ *A personalized report sent on your dog's departure day, including photos and highlights from their stay.*

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

Departure: _____ Time: _____ Days: _____ x $_____ = _____ Total: $_____

Healthy Pet Plan(s): ____ Number_____ x $_____ Total: $_____

Full-Service Bath/Groom: ____ Notes: _____ $_____ $_____ $_____ Total: $_____

Bathing A La Carte (Circle): Waterless $_____ / Brushing $_____ / Nails $_____ / Ears $_____ / Teeth $_____ Total: $_____

Yard Play: ____ Number_____ x $_____ Total: $_____

Nature Walks: ____ Number_____ x $_____ Total: $_____

Pupdate(s): ____ Number_____ x $_____ Total: $_____

Other: Pick Up $_____ / Delivery $_____ / Medical $_____ Total: $_____

Sub-Total: $_____

+ Membership $_____ + Deposit $_____ - Credit $_____ - Voucher(s) $_____ - Points/Rewards _____ / $_____ Total: $_____

_____ / _____