

Reservation Services Form

Last 4 of Phone: _____ Customer Name (Last, First): _____

Pet(s) Name: 1. _____ 2. _____ 3. _____

Lodging: 1. _____ 2. _____ 3. _____

Day Care Services Info and Billing:

	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	
Boarding	\$	\$	\$	\$	\$	
Brushing	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Ear Cleaning	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Anal Glands	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Nail Trim	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Teeth Cleaning	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Waterless	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Bath	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Groom	Yes - \$	Yes - \$	Yes - \$	Yes - \$	Yes - \$	
Nature Walk	Daily- \$ 2xDaily- \$	Daily- \$ 2xDaily- \$	Daily- \$ 2xDaily- \$	Daily- \$ 2xDaily- \$	Daily- \$ 2xDaily- \$	
Discounts/ Vouchers	\$	\$	\$	\$	\$	
Total for Day/Week	\$	\$	\$	\$	\$	\$

Overnight Services Info:

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

Full-Service Bath/Groom? Yes ___ No ___ Care Instructions: _____

Other (Circle): Waterless Shampoo-\$5 to \$18 / Brushing-\$T.B.D. / Nail Trim-\$10 / Ear Cleaning-\$5 / Teeth Cleaning-\$8 / Anal Glands Expressed-\$6

Care Instructions: _____

Yard Play? Yes ___ No ___ Daily> ___ Twice Daily> ___ Even Days> ___ Odd Days> ___ Specific Number/Dates> _____

Care Instructions: _____

Nature Walks? Yes ___ No ___ Daily> ___ Twice Daily> ___ Even Days> ___ Odd Days> ___ Specific Number/Dates> _____

Care Instructions: _____

Insurance? Yes ___ No ___ Number ___

Portrait of Your Pet(s)? Yes ___ No ___

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

Departure: _____ Time: _____ Days: _____ x \$ _____ = _____ (+ or -) Peak Difference: \$ _____ Total: \$ _____

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

Other (Circle): Waterless \$ _____ / Brushing \$ _____ / Nails \$ _____ / Ears \$ _____ / Teeth \$ _____ / Glands \$ _____ Total: \$ _____

Yard Play: _____ Number _____ x \$ _____ Total: \$ _____

Nature Walks: _____ Number _____ x \$ _____ Total: \$ _____

Insurance: _____ Number _____ x \$ _____ Total: \$ _____

Pre-Total: \$ _____ →

Free Board \$ - _____ / Voucher(s) \$ - _____ / Pick Up and/or Delivery \$ _____ / Portrait \$ _____ / Membership \$ _____ **Total: \$ _____**