

**ROB CARY PET RESORT - Client Check-In Questionnaire**

**Client Information**

Owner(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact: (Outside Immediate household) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Authorized to pick up (Outside immediate Household) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Pet Information**

Pet's Name: \_\_\_\_\_ Suite: \_\_\_\_\_ Daily Rate: \_\_\_\_\_  
Veterinarian \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Reservation Information**

**Check-in Date:** \_\_\_\_\_ **Check-Out Date** \_\_\_\_\_

Pet Play Time @\$10.00 per pet/day	YES NO	How many days? _____
Play Yard @\$13.00 per pet/per day	YES NO	How many days? _____
Wading Pool @ \$10.00 per enclosure/per day	YES NO	How many days? _____
Snuggle Time @ \$10.00 per pet/day	YES NO	How many days? _____
Potty Walk @ \$7.00 per pet/per 10 minute time	YES NO	How many times daily? _____
Story Time @ \$8.00 per pet/day	YES NO	How many days? _____
Tuck-In @ \$5.00 per pet/day	YES NO	How many days? _____
Training Sessions @ 17.00 per pet/per day	YES NO	How many times? _____
Kong Comfort Time @ \$5.00 per pet/per day	YES NO	How many days? _____
Catnip Bubbles @ \$5.00 per day/per pet	YES NO	How many days? _____
Service Package: _____ @ \$ _____ per day	YES NO	How many days? _____
Bath & Nails / Grooming	YES NO	Nails: CLIP FILE

Grooming Instructions: \_\_\_\_\_

Bedding/Toys (Limit 2) YES NO Description: \_\_\_\_\_

**NOTE: If owner has provided bedding and/or toys they agree it has been labeled and they understand it may be soiled, lost and/or destroyed, and ROB CARY and its staff will not be held responsible.**

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Any known health problems: YES - Description \_\_\_\_\_ NO \_\_\_\_\_

Medications @ \$2.50 per extra dosage: YES NO

Name of medication: \_\_\_\_\_ Dosage \_\_\_\_\_

Strength of medication \_\_\_\_\_ Times Given: \_\_\_\_\_

What does your pet eat at home? Protein Base: Lamb/Beef/Chkn/Other \_\_\_\_\_

Brand \_\_\_\_\_ How often? \_\_\_\_\_ Quantity (8oz cups)? \_\_\_\_\_

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**Brochure and rate card** have been received and read: YES NO

**Check-in Day:** I understand there is always a full day charge for check-in day

**Check-Out Day:** I understand check-out time Monday-Saturday is 12:00pm (Noon). If my pet checks out after 12:00pm I will be charged for the full day boarding rate.

**NOTE: Extended check-out available Monday – Saturday until 2:00pm ONLY if pet is bathed or groomed on check-out day.**

**Sunday Charge:** I understand there is always a full day charge for Sunday.

\*\*\*\* EXTENDED CHECK-OUT IS NOT AVAILABLE ON SUNDAY \*\*\*\*

**Days Reserved:** I understand I will be charged for days reserved unless proper notice is given. Please Refer to brochure and rate card.

**Holiday Deposits: (Special policy applies for Christmas/New Years):** I understand that I will forfeit my holiday deposit if I cancel or change my reservation less than seven (7) days prior to the start of the reservation.

**Pet Warranty:** A pet warranty of \$6.00 per pet/per stay is required for all dogs & cats ages 4 months to 10 years. **NOTE:** Some exclusions apply.

**AFTER-HOURS PICK-UP OR DROP-OFF, LIMITED AVAILABILITY - \$65.00**

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\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RCPR Representative Signature

\_\_\_\_\_  
Date

**ROB CARY PET RESORT - Client Check-In Questionnaire \*ADDITIONAL PET SHEET**

**Owner(s) Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pet Information #2 Name:** \_\_\_\_\_ **Suite:** \_\_\_\_\_ **Daily Rate:** \_\_\_\_\_

**Reservation Information**

Pet Play Time @\$10.00 per pet/day	YES NO	How many days? _____
Play Yard @\$13.00 per pet/per day	YES NO	How many days? _____
Wading Pool @ \$10.00 per enclosure/per day	YES NO	How many days? _____
Snuggle Time @ \$10.00 per pet/day	YES NO	How many days? _____
Potty Walk @ \$7.00 per pet/per 10 minute time	YES NO	How many times daily? _____
Story Time @ \$8.00 per pet/day	YES NO	How many days? _____
Tuck-In @ \$5.00 per pet/day	YES NO	How many days? _____
Training Sessions @ 17.00 per pet/per day	YES NO	How many times? _____
Kong Comfort Time @ \$5.00 per pet/per day	YES NO	How many days? _____
Catnip Bubbles @ \$5.00 per day/per pet	YES NO	How many days? _____
Service Package: _____ @ \$_____per day	YES NO	How many days? _____
Bath & Nails / Grooming	YES NO	Nails: CLIP FILE

Grooming Instructions: \_\_\_\_\_

Bedding/Toys (Limit 2) YES NO Description: \_\_\_\_\_

**NOTE: If owner has provided bedding and/or toys they agree it has been labeled and they understand it may be soiled, lost and/or destroyed, and ROB CARY and its staff will not be held responsible.**

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Any known health problems: YES - Description \_\_\_\_\_ NO \_\_\_\_\_

Medications @ \$2.50 per extra dosage: YES NO

Name of medication: \_\_\_\_\_ Dosage \_\_\_\_\_

Strength of medication \_\_\_\_\_ Times Given: \_\_\_\_\_

What does your pet eat at home? Protein Base:Lamb/Beef/Chkn/Other \_\_\_\_\_

Brand \_\_\_\_\_ How often? \_\_\_\_\_ Quantity (8oz cups)? \_\_\_\_\_

**Pet Information #3 Name:** \_\_\_\_\_ **Suite:** \_\_\_\_\_ **Daily Rate:** \_\_\_\_\_

**Reservation Information**

Pet Play Time @\$10.00 per pet/day	YES NO	How many days? _____
Play Yard @\$13.00 per pet/per day	YES NO	How many days? _____
Wading Pool @ \$10.00 per enclosure/per day	YES NO	How many days? _____
Snuggle Time @ \$10.00 per pet/day	YES NO	How many days? _____
Potty Walk @ \$7.00 per pet/per 10 minute time	YES NO	How many times daily? _____
Story Time @ \$8.00 per pet/day	YES NO	How many days? _____
Tuck-In @ \$5.00 per pet/day	YES NO	How many days? _____
Training Sessions @ 17.00 per pet/per day	YES NO	How many times? _____
Kong Comfort Time @ \$5.00 per pet/per day	YES NO	How many days? _____
Catnip Bubbles @ \$5.00 per day/per pet	YES NO	How many days? _____
Service Package: _____ @ \$_____per day	YES NO	How many days? _____
Bath & Nails / Grooming	YES NO	Nails: CLIP FILE

Grooming Instructions: \_\_\_\_\_

Bedding/Toys (Limit 2) YES NO Description: \_\_\_\_\_

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Any known health problems: YES - Description \_\_\_\_\_ NO \_\_\_\_\_

Medications @ \$2.50 per extra dosage: YES NO

Name of medication: \_\_\_\_\_ Dosage \_\_\_\_\_

Strength of medication \_\_\_\_\_ Times Given: \_\_\_\_\_

What does your pet eat at home? Protein Base:Lamb/Beef/Chkn/Other \_\_\_\_\_

Brand \_\_\_\_\_ How often? \_\_\_\_\_ Quantity (8oz cups)? \_\_\_\_\_

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\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
RCPR Representative Signature