

WELCOME TO OUR BED & BREAKFAST. FOR YOUR PET'S ULTIMATE COMFORT,
PLEASE FILL IN ALL OF THE GUEST CHECK-IN INFORMATION LISTED BELOW...

YOUR LAST NAME _____ OUR GUEST'S FIRST NAME _____

TODAY'S DATE _____ PICK-UP DAY and DATE _____

E-MAIL ADDRESS _____ EMERGENCY PHONE #s: () _____

Person _____ Relationship _____ Phone # () _____

Person _____ Relationship _____ Phone # () _____

DINING PREFERENCES: How much food do you feed? _____ How often? _____

Did you bring food with you for us to feed? NO YES: Brand/Type _____

ALL ITEMS BROUGHT IN WITH YOUR PET MUST BE MARKED. PLEASE DESCRIBE EACH ITEM IN
DETAIL. USE THE BACK OF THIS SHEET IF MORE DESCRIPTION IS NEEDED. FOR YOUR
PROTECTION, UNMARKED ITEMS MAY NOT BE LEFT WITH YOUR PET:

Item #1 _____ Size/Shape _____ Color _____

Item #2 _____ Size/Shape _____ Color _____

Item #3 _____ Size/Shape _____ Color _____

Item #4 _____ Size/Shape _____ Color _____

ON ANY MEDICATIONS? NO YES: If so, list below:

Med #1 _____ How often _____ Any given today? NO YES _____

Med #2 _____ How often _____ Any given today? NO YES _____

Med #3 _____ How often _____ Any given today? NO YES _____

BEAUTY PARLOR APPOINTMENT? Do you want our pet stylist Wendy to make your pet even more
beautiful just prior to your return? NO YES If yes, please fill out pink sheet.

LOTS OF LOVE AND SPECIAL ATTENTION IS AUTOMATICALLY INCLUDED...Any additional
requests or special instructions? List below:

DURING MY PET'S STAY, I REQUEST ALL TREATMENT DEEMED NECESSARY BY THE DOCTORS AT
EASTSIDE DOG AND CAT HOSPITAL.

PLEASE SIGN HERE _____

TODAY'S DATE _____