

The Animal Keeper Poway Boarding Short Form - Activities & Services

PLEASE NOTE: If you haven't been to this location in over **6 months** please fill out the regular boarding contract. If your personal info (address, phone number, etc.) has changed, please provide updated information. If the health status of your pet has changed please provide details so we may give them the best care. Thank you.

Customer Name (first & last) _____
 Pet's Name _____ Date & Time of Pick-Up _____
 Customer Phone Number(s) _____
 Emergency Phone Numbers & Names _____

Recreational Programs and TLC

	Specify Days		Specify Days
Boarding Big Dog Camp.....	\$22 _____	Tuck In (also for cats!)	\$5 _____
Boarding Tiny Tot Camp.....	\$22 _____	Frozen Beef Bone Broth.....	\$5 _____
1-Hour Group Play.....	\$12 _____	Frozen P.B. Kong.....	\$5 _____
Private Play (also for cats!)...	\$12 _____	Frozen Yogurt Treat.....	\$5 _____
Massage (also for cats!).....	\$5 _____	Peanut Paws.....	\$5 _____

Packages

Save \$4-\$21 with a package (price is per time)

Social Packages	Solo Packages
Sports Pkg - \$25 _____ Play Pkg - \$17 _____	Lone Ranger Pkg - \$26 _____ Senior Pkg - \$29 _____
Prince/Princess Pkg - \$43 _____	Fabulous Feline Pkg - \$15 _____

Grooming Services

Ask for a quote

Discounted Bath (3+ night stay only)	_____
Bath, Brush, and Nails.....	_____
Full Grooming.....	_____
Nail Trim - \$10-\$15 (Can add to DB)...	_____

Healthy Pet Protection

Pre-existing conditions not covered.

\$15 covers up to \$500 vet bill.....	_____
\$25 covers up to \$1000 vet bill.....	_____
Any stay over ten (10) days is \$2 per day if Healthy Pet accepted.....	Initial _____

If HP accepted, please read & sign HP form.

Feeding & Diet

If Owner is providing own food, please note that there is a \$2 per day special handling fee.

Is food provided by owner? Y ___ N ___ If No, Select Diet: TOW Salmon ___ TOW Bison & Venison ___
 Is food pre-packaged? Y ___ N ___ Was extra food brought? Y ___ N ___ If yes, how much? _____
 Medication – If your pet has medications/supplements please fill out the Medication Contract.

By signing I fully understand that I am financially responsible for these decisions

Owner Signature _____