

## LUCKNEY

## **BED & BISCUIT**



## Guest Check-In Form

Check-Out: Pets checked out after 11:00 will incur a \$20 Day Care Fee

Prepayment required for Sunday check-out

We require current vaccinations for hotel and day care, including DA2PPL, Rabies and 6-month Bordetella. If the guest is not a current patient at Luckney, records will be required upon Check-in.

Ck-In Date:\_\_\_\_ Ck-Out Date:\_\_\_\_

Ck-In Time:\_\_\_\_\_ Ck-Out Time:\_\_\_\_\_

| •                     | <b>—</b>                  |                         |                           |               |         |  |
|-----------------------|---------------------------|-------------------------|---------------------------|---------------|---------|--|
| Owner Name:           |                           | Phone Number:           |                           |               |         |  |
| Address:              |                           | City                    |                           |               | ZIP     |  |
| DL Number:            |                           | Email:                  |                           |               |         |  |
| Pet's Name:           | Breed:                    | Color:                  | Age:                      | Spayed/Ne     | utered? |  |
|                       |                           |                         |                           | _ Yes         | No      |  |
| Pet's Name:           | Breed:                    | Color:                  | Age:                      | Spayed/Ne     | utered? |  |
|                       |                           |                         |                           | _ Yes         | No      |  |
|                       | all items accompanying    |                         |                           |               |         |  |
| Feeding Instructions  | - Please check:(          | Owner's Food _          | B&B Food (Pre             | emium Science | Diet)   |  |
| Please check:C        | Once daily                | Twice daily             | Cups per meal.            |               |         |  |
| Has your pet eaten to | oday?                     |                         | Yes                       | No            |         |  |
| May we add wet food   | d at an additional cost i | f your pet is not eatir | ng?Yes                    | No            |         |  |
| Medication:           |                           | Dosage:                 |                           | Frequency:    |         |  |
| Pet:                  | Med:                      |                         |                           |               |         |  |
| Pet:                  | Med:                      |                         |                           |               |         |  |
| Has your pet had req  | uired medication today    | ?Yes _                  | No                        | AM            | PM      |  |
| Madiantian Duasmilan  |                           | Г                       | Ole a se a Niversale a se |               |         |  |

\*\*IT IS IMPERATIVE WE RECEIVE COMPLETE MEDICAL INFORMATION\*\*

| General Health and Wellbeing:   |   |
|---|---|
| Is your pet current on flea and tick preventat<br>Does your pet have any current medical issue<br>Any existing coughing, sneezing, runny eyes of<br>Does your pet have any allergies?   | es?YesNo  |
| Please list or describe applicable information  | relating to your pet's health:  |
| Additional Services:  |   |
| Hotel Guest Bath \$18Yes Medicated Bath +\$5Yes Furminate \$30Yes Dremel Nails \$25Yes  | No *Complementary with 3 night stay*NoNoNo  |
| to exercise his medical judgment to perform be financially responsible for any and the Hotel Guest Owners understand that prescribing provider. Luckney Bed & E.  If Luckney Animal Hospital has to evan exam fee.  Guests are requested to contact the unable to be honored.  Please have all guests leashed or in a All guests must be current on vaccing checking in. If not, then the guest will additional cost to the client.  All guests must be free of fleas and the expense.  Clients are encouraged to prepay for be required if checking out on Sunday.  Luckney Bed & Biscuit is not responsible grant permission to the Bed & Biscuit for use | ations and be free of internal and external parasites before I be vaccinated, bathed, and/or dewormed at an icks. If present, the guest will be treated at the client's their pet's stay at the time of check-in. Prepayment will |
| precautions against injury, escape, or death of   | of my pet. I give the Bed & Biscuit permission to request my ian or clinic. I understand payment will be required in full   |
| Signature of Owner or Authorized Agent  | <br>Date  |

WE WILL NOT BE RESPONSIBLE FOR MISINFORMATION OR MISCOMMUNICATION DURING YOUR PET'S STAY DUE TO AN INCOMPLETE CHECK-IN FORM

I authorize \_\_\_\_\_ to pick up my pet at check-out.