

STAFF USE ONLY: Check-In Attendant \_\_\_\_\_ Run Number \_\_\_\_\_



### Canine Boarding Check-In

Owner(s) name: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

Pet(s) name: \_\_\_\_\_ Check in date: \_\_\_\_\_ Check out date: \_\_\_\_\_

#### Accommodations

Does your dog have a history of jumping a 6' fence?  Yes  No

**Town and Country (Indoor/Outdoor kennels—suitable for small to giant breed dogs)** **\$38/day/dog**  
Base boarding plus nightly tuck-ins **\$21/add'l dog same run**

**Big City Suites (Indoor only—suitable for SMALL BREED dogs only; combined weight of 40lb)** **\$48/day**  
Base boarding plus treats, potty walks & nightly tuck-ins **\$16/add'l dog same run**  
Complimentary treat:  Canned Food  Peanut Butter  None

#### Additional Amenities

**Treat Time** **\$2/day**  
Kong toy filled with your choice of:  Canned Food  Peanut Butter

**Extra TLC (1 on 1 time with an attendant)** **\$5/day**  
**\$7/family**

**Romp 'n Run Playtime** **\$7.50/playtime**  
15-20 minutes of play, sniffing, and exploring time in our spacious fenced, grassy yards  
Please choose:  Individual **OR**  Family **OR**  Group (supervised, with similar-sized dogs—requires consent form)  
How often?  1x/day or  2x/day **OR**  Specific Dates: \_\_\_\_\_

**Nail Trim** **\$18**

#### Feeding Instructions

What kind?  Own Food  CPS Food (Purina Pro Gastrointestinal Low Fat)

When?  AM  Noon  PM

Amount to feed: \_\_\_\_\_

#### Medication Instructions\*

Medication #1: \_\_\_\_\_ Dosage: \_\_\_\_\_  AM  Noon  PM

Medication #2: \_\_\_\_\_ Dosage: \_\_\_\_\_  AM  Noon  PM

\*Additional medications, 3x/day medications, or special procedures will incur an extra fee. By signing on the next page, you are giving Come, Play, Stay permission to administer any off label (not labeled for animal use) medications or supplements listed above.

**PLEASE COMPLETE AND SIGN REVERSE SIDE**

**Special Procedures or Instructions?**

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**Please list any Allergy, Health, or Medical Concerns**

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**Emergency phone number to reach owner:** \_\_\_\_\_

**Regular Veterinarian/Clinic:** \_\_\_\_\_

**Release:** (Please read and sign)

Reasonable precautions will be taken against communicable disease, illness, injury, escape, or death of this pet. South Mesa Veterinary Hospital/Come-Play-Stay and staff will not be held liable for problems that might develop provided reasonable care and precautions are followed. I agree that any medical problem that develops with my pet will be treated as necessary in accordance with routine procedures and I assume full financial responsibility for all such treatments. A South Mesa Veterinarian will make every attempt to contact me in the event that my pet needs medical attention. As required by the Colorado Department of Agriculture, PACFA Regulations, Description 16.00 G. 3., in the event of death, the facility will provide interim body care (cold storage at South Mesa Veterinary Hospital) until the owner is reached and final plans are made. I assume full financial responsibility for all medical treatment my pet needs, even if I cannot be contacted. South Mesa Veterinary Hospital/Come-Play-Stay is not liable for the loss, damage or destruction of personal belongings.

I understand that I will be charged for a full day of boarding on the day of drop-off and pick-up, unless I pick my pet up **before** 11:00 am Monday-Saturday, and I will always be charged for a full day of boarding on Sunday. I agree to pay in full with cash or credit card (we do not accept checks) at the time of pick up.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If you desire a limit on treatment, please state here:* \_\_\_\_\_

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**Release for pets less than six (6) months of age:** I understand that, due to the young age of my pet, it may be more susceptible to disease as its immune system has not been completely developed.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Updated 1/1/2021

