

# HOLLY RIDGE MANOR CANINE COUNTRY CLUB CHECK-IN SHEET

1st OWNERS NAME \_\_\_\_\_ 2nd OWNERS NAME \_\_\_\_\_

1st PHONE:( h) \_\_\_\_\_ (c) \_\_\_\_\_

2nd PHONE:( h) \_\_\_\_\_ (c) \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PET NAME: \_\_\_\_\_ Is your pet spayed or neutered? \_\_\_\_\_

Amount Per feeding: AM \_\_\_\_\_ NOON \_\_\_\_\_ PM \_\_\_\_\_

PET NAME: \_\_\_\_\_ Is your pet spayed or neutered? \_\_\_\_\_

Amount Per feeding: AM \_\_\_\_\_ NOON \_\_\_\_\_ PM \_\_\_\_\_

\*\*\*IF FOR ANY REASON YOUR DOG RUNS OUT OF FOOD HERE, WOULD YOU LIKE US TO FEED THEM HOUSE FOOD?  
\$2 /PER FEEDING CHARGE **YES or NO**

## EXTRA SERVICES:

**Bath:** (boarding charges apply if afternoon) Pick up time (for BATH only): \_\_\_\_\_

**Extra Play Time** \$5.00/DAY DAYS GIVEN \_\_\_\_\_

**Extra Pool Time** (seasonal) \$5.00/DAY DAYS GIVEN \_\_\_\_\_

**Hand Walk** \$5.00/DAY DAYS GIVEN \_\_\_\_\_

**Late Night Potty** \$5.00/NIGHT YES OR NO PRE-PAY CASH OR CHECK MADE OUT TO TONY VAUGHAN

## HOME COOKED MEALS

**Pupsicle** (Frozen Chicken Broth- salt free) \$1.00 each DAYS GIVEN \_\_\_\_\_

**Chicken and Rice** (1 cup servings) \$3.00 per cup DAYS GIVEN \_\_\_\_\_

**Peanut Butter Sandwich** \$2.00 Each DAYS GIVEN \_\_\_\_\_

PLEASE LIST ALL ITEMS BROUGHT INTO MOTEL (NO LEASHES, CRATES OR BOWLS PLEASE).

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\*\*\* If your dog is on medication(s), then please fill out medication form.. \*\*\*

IS YOUR DOG SENSITIVE TO PEBBLED YARDS?	YES	NO
CAN YOUR DOG WALK UP AND DOWN STAIRS?	YES	NO
MY DOG IS ALLOWED TO SWIM	YES	NO
IS YOUR DOG ALLOWED BEDDING?	YES	NO
CAN YOUR DOG JUMP A 6' FENCE?	YES	NO

Name of Vet Practice ( if changed): \_\_\_\_\_

**PLEASE INITIAL (after reading):**

- \_\_\_\_\_ I ALLOW MY DOG TO SOCIAL PLAY AND UNDERSTAND ALL OF THE RISKS INVOLVED.
- \_\_\_\_\_ I UNDERSTAND THAT DOGS CHECKED OUT AFTER **NOON (12 PM)** WILL BE CHARGED FOR THAT DAY.
- \_\_\_\_\_ I UNDERSTAND THAT HRM IS NOT RESPONSIBLE FOR LOST OR DESTROYED ITEMS.
- \_\_\_\_\_ I HAVE READ AND UNDERSTAND HRM'S POSTED POLICIES ON EMERGENCY TREATMENT, PAYMENT POLICY, RETURN CHECK FEES, SOCIALIZATION RISKS AND ABANDONED PETS.

**VET RELEASE FORM**

Although the staff at Holly Ridge Manor closely monitors your pet, sometimes active play and rough housing pose the possibility of injury. Additionally, certain illnesses and infections can be transmitted during boarding. Animals identified as being infectious will be isolated to the extent possible. Common injuries associated with boarding include, but are not limited to, bruises, lameness, abrasions, punctures, intestinal ailments (vomiting or diarrhea), coughing and skin irritations. These problems usually resolve with appropriate treatment.

If your pet develops any health problems, HRM will pursue treatment with one of the following: your veterinarian, Healing with Heart Veterinary Care, or an emergency treatment facility. Treatment may include, but is not limited to, injections, medication, and diagnostic testing. HRM will pay for the treatment when veterinary services are rendered, but **the owner/responsible party is responsible for reimbursement at time of pick up.**

The staff at HRM will make reasonable effort to contact the owner and/or emergency contacts should medical treatment be needed.

Does your pet have any pre-existing conditions? Ex: Food Allergies or Allergies

\_\_\_\_\_

I, the undersigned, so hereby certify that I am the owner (or duly authorized agent for the owner) of the animal aforementioned and authorize the doctors and staff at Healing with Heart Veterinary Care or any other veterinary facility full and complete authority to provide medical care to promote the good health of my pet(s).

This information and Vet Release Form covers all every and all stays at Holly Ridge Manor.

**OWNER S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Daycare Clients (Current Daycare Clients Only)**

Please circle the days you would like and alert daycare.

*Monday Tuesday Wednesday Thursday Friday Full \_\_\_ or Half \_\_\_*

*Drop off date at daycare: \_\_\_\_\_ Home From Daycare Date \_\_\_\_\_*

# Medication Form

**Dogs Name:** \_\_\_\_\_

Med. Name: \_\_\_\_\_ DOSE: \_\_\_\_\_ CONDITION: \_\_\_\_\_ AM Noon PM

Med. Name: \_\_\_\_\_ DOSE: \_\_\_\_\_ CONDITION: \_\_\_\_\_ AM Noon PM

Med. Name: \_\_\_\_\_ DOSE: \_\_\_\_\_ CONDITION: \_\_\_\_\_ AM Noon PM

Med. Name: \_\_\_\_\_ DOSE: \_\_\_\_\_ CONDITION: \_\_\_\_\_ AM Noon PM

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Med. Name: \_\_\_\_\_ DOSE: \_\_\_\_\_ CONDITION: \_\_\_\_\_ AM Noon PM

**Dogs Name:** \_\_\_\_\_

Med. Name: \_\_\_\_\_ DOSE: \_\_\_\_\_ CONDITION: \_\_\_\_\_ AM Noon PM

Med. Name: \_\_\_\_\_ DOSE: \_\_\_\_\_ CONDITION: \_\_\_\_\_ AM Noon PM

Med. Name: \_\_\_\_\_ DOSE: \_\_\_\_\_ CONDITION: \_\_\_\_\_ AM Noon PM

Med. Name: \_\_\_\_\_ DOSE: \_\_\_\_\_ CONDITION: \_\_\_\_\_ AM Noon PM

Med. Name: \_\_\_\_\_ DOSE: \_\_\_\_\_ CONDITION: \_\_\_\_\_ AM Noon PM

Med. Name: \_\_\_\_\_ DOSE: \_\_\_\_\_ CONDITION: \_\_\_\_\_ AM Noon PM

**Dogs Name:** \_\_\_\_\_

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