

Staff #1 Initials: \_\_\_\_\_

Staff #2 Initials: \_\_\_\_\_

### LODGING TICKET - ERIE

Pet's Name (ticket for each pet): \_\_\_\_\_

Pet's Weight: \_\_\_\_\_ Pet's Age: \_\_\_\_\_ Pet's Color & Breed: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Cell: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Local Contact (not going with you): \_\_\_\_\_ Phone: \_\_\_\_\_

**Check-In Date:** \_\_\_\_\_ **Time:** \_\_\_\_:\_\_\_\_ AM / PM (circle one)

**Check-Out Date:** \_\_\_\_\_ **Time:** \_\_\_\_:\_\_\_\_ AM / PM (circle one)

Morning Meal (**brand & amount**) \_\_\_\_\_

Noon Meal (**brand & amount**) \_\_\_\_\_

Evening Meal (**brand & amount**) \_\_\_\_\_

When Should Next Meal Be? (**circle one**) Today Tomorrow (**circle one**) Morning Noon Evening

How much of the following did you bring:

Dry Food (bags): \_\_\_\_\_ Wet Food (cans): \_\_\_\_\_

Did you bring treats? Yes No If yes, when should we give them? \_\_\_\_\_

Please select from the following menu of services. See descriptions and prices on the reverse of this sheet.

**Bedding** (select one):  Complimentary  Extra (additional charge)  None (if dog is chewer)

**Medication** (select one):  No Medication  Medication (medication form is required)

**Grooming Services**

Full Groom (includes: bath, deshed, haircut, trimming between paw pads, nail trim, ear cleaning)

Please Include instructions on the back of this form

Add-Ons  Trimming Only  Nails Only  Exfoliating Mud Bath (w/ full-service grooming only)

Tooth Brushing \_\_\_\_\_ (# of times during stay)  Paw Butter \_\_\_\_\_ (# of times during stay)

**PlayCare** (for PlayCare-Approved dogs who already attend PlayCare at least once per week only)

**Special Treat Services** (number during stay): \_\_\_\_ BigBite(s) \_\_\_\_ Frozen Treat(s) \_\_\_\_ Stew Topper(s)

Collar: Yes No Color: \_\_\_\_\_ Leash: Yes No Color: \_\_\_\_\_

Harness: Yes No Color: \_\_\_\_\_ Choke Chain: Yes No

**Number of Toys Left With Pet (Maximum of 2):** \_\_\_\_\_

Describe Toy #1: \_\_\_\_\_ Describe Toy #2: \_\_\_\_\_

Name of Veterinary Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Who is Picking up Your Pet? (ID is required if other than owner): \_\_\_\_\_

