

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): _____

