ROCKVALE CANINE COUNTRY CLUB

CHECK-IN FORM CLIENT NAME: _____ PETS NAME(S): _____ DROP OFF DATE:____ PICK UP DATE: TIME TO BE PICKED UP: **Emergency Contact:** *Please list a local number in case we can't reach your cell phone or destination contact number. Local contact might be required to pick up your pet in case of emergency weather conditions. IMPORTANT PET INFO: Does your dog gag or cough when walking on leash?_____ Any fears?_____ Does he climb or dig? Any other issues?_____ **GROOMING & BATHING:** Bath only_____ Groomed like last time? Yes / No Notes on grooming: BELONGINGS: 2 TOY LIMIT - For safety, no rope toys. Collars & leashes aren't necessary unless someone else is picking your pet up. NO LARGE BEDS. Bedding should be light-weight enough to easily fit in laundry if it gets soiled. Please list all belongings you will be bringing with your pet including bedding & toys: 1. ______ 5. ____ 2. ______ 6. ____ 3. ______ 7. ____ FOOD & TREATS: Bring your pet's food. NO BOWLS. Any dry food in zip-lock baggies. _____ Feed My Pet's Food (Brand) _____ _ ___ Quantity (by standard 8 oz. cup) _____ Times per day AM / NOON / PM / LV DOWN _____ Treats (what brand?) _____ How many & how often?_____ Eating Behavior: Good / Picky / Slow / Fast **MEDICATIONS** *If your pet is on medication for any contagious illness, a veterinary release is required for your pet to board with us. Medications should be brought in the original veterinary container. Medication Name Dosage & How Often? Why is your pet on this med?

1.

OPTIONAL

HEALTHY CARE WARRANTY

In consideration for the payment of the warranty fee, and subject to the exceptions and conditions listed here, Riverside Pet Grooming / Riverside Pet Boarding (Facilities) will pay up to \$500 for any veterinary care provided by a licensed veterinarian for the care or treatment of the boarded pet on this form for any injury of the pet or sickness incurred while the pet is boarding at any of our facilities.

Exceptions to this coverage are 1) pre-existing health conditions; 2) injury, illness or death resulting from incidents occurring before arrival; 3) injuries sustained from another family pet while boarding or playing together; and 4) gastric dilatation-volvulus (bloat).

The Owner hereby agrees to authorize his veterinarian to forward a copy of the diagnosis and treatment history to our facilities. Any and all claims under this warranty must be submitted to our facilities within ten (10) days from the pet's departure date. Such records are required before any claim is paid. Once received and verified by our facilities, payment will be sent directly to the owner for reimbursement. A signed statement by the veterinarian may be required, stating that the illness was not part of, or caused by, a pre-existing condition. Any controversy or claim relating to this certificate shall be settled by arbitration in accordance with the rules of the American Arbitration Association.

PLEASE SELECT ONE:

□ I choose to not enroll on the Healthy Care Warranty at this time
I have read this agreement on this date, understand its terms and verify with my signature that I an over 18 years of age.

Date: _____

□ Please enroll me on the Healthy Care Warranty for this visit at \$7.00 per pet

Owner Signature: