



Client Self Check-in

Owner: _____

Contact #: _____

Emergency Contact: _____

Contact #: _____

Authorized to pick up Authorized to make health decisions

Pooch #1: _____

Breed & Age: _____

Injuries/Illnesses: _____

Special Needs: _____

Feeding *Type/Brand* *Amount*

Breakfast: _____

Lunch: _____

Dinner: _____

Special: _____

Please feed my pooch "California Natural Chicken Meal and Rice" (or "DDL") for \$3 per night.

Medications *Dosage* *AM* *Noon* *PM* *Other*

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services

Wash 'N' Go (short-haired breeds only)

Bath & Blowout (includes nail trim and ear cleaning)

Nail Trim

Formal Groom (limited availability)

Other Groom: _____

Training: _____

Other: _____

Retail

Food: _____

Treats: _____

Toys: _____

Collar/Tag: _____

Misc: _____

Special Instructions:

Check In Date: _____ Time: _____

Check-Out Date: _____ Time: _____

Please inform us of any changes in your schedule, so that we may best serve you. We cannot guarantee some grooming services without an accurate departure time

Pooch #2: _____

Breed & Age: _____

Injuries/Illnesses: _____

Special Needs: _____

Feeding *Type/Brand* *Amount*

Breakfast: _____

Lunch: _____

Dinner: _____

Special: _____

Please feed my pooch "California Natural Chicken Meal and Rice" (or "DDL") for \$3 per night.

Medications *Dosage* *AM* *Noon* *PM* *Other*

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Collar/Tag: _____

Misc: _____

Downtown Dog Lounge Use Only

Service Information

Arrival Date/Time: _____

Departure Status: _____

Checked in by: _____

Entered by: _____

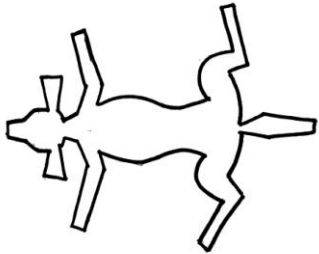
Accepting LC: _____

Admission Checklist

- Vaccinations (Refer to Urban Vet)
- Name tag (\$4 DDL Tag)
- Q.R. collar (Purchase collar)
- File Review (Locate or create duplicate)
- Physical Health Check
- Label incoming items

Incoming Items *(Note quantity of pills, treats, and cans; color of items)*

Pooch #1 ALERTS *(Attach Alert Leads)*



Name: _____

1st time Intact Private 24 Hr. Watch

Aggression: _____

Anxiety: _____

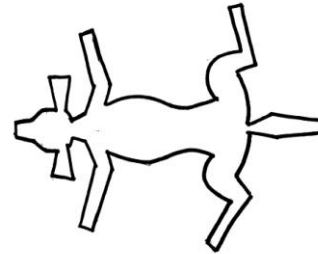
Health: _____

Allergies: _____

Crate: _____

Pen: _____

Pooch #2 ALERTS *(Attach Alert Leads)*



Name: _____

1st time Intact Private 24 Hr. Watch

Aggression: _____

Anxiety: _____

Health: _____

Allergies: _____

Crate: _____

Pen: _____

Additional Notes *(feedback for client, new instructions, observations, etc.)*
