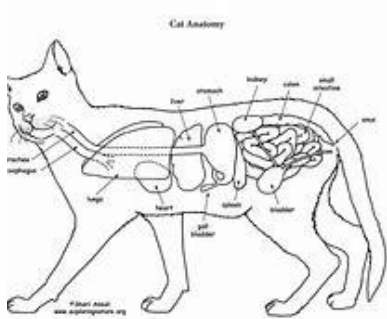


Countryside Bed & Biscuit For Pets, Ltd.
Check in form and pre-entry evaluation



Guest Name: _____

Emergency Contact #: _____

Past/current Health Concerns:

- Healthy Elderly Arthritic
 Diabetic Epileptic Recent illness
 Recent Injury Allergies Deaf/Blind

Client Belongings:

(Employees remember to detail all items)

- Collar/leash: _____
 Toys: _____
 Chew Bones: _____
 Bedding: _____
 Provided diet: _____
 Treats: _____
 Other: _____

Medications: _____ Yes / No

_____ x day / Time needed to be given: _____

Instructions:

Extra Services:

- Kitty playtime \$5.00 _____ x / Daily
 Brush out \$10.00 _____ x / Daily
 Laser chase \$10.00 _____ x / Daily

Feeding Schedule & Diet:

- a.m. p.m. a.m. + p.m. OR _____ x day
 Provided own food / Resort food
 Dry Wet Mixed

Instructions:

Notes / Special Instructions:

May entice if doesn't eat? Yes / No

Check-In Date: _____ (A.M. / P.M.)

Check-Out: _____

Time: _____ (A.M. / P.M.)

Important Notes: _____