



Thank you for allowing us to care for your dog while you are away. This packet includes all of the forms and information necessary to help ensure a safe and enjoyable stay for your pooch. In order to speed up the check-in process, please bring the completed forms with you when you check-in. Please allow 10-15 minutes for check-in. This will give us enough time to ensure your dog will have all of his needs met while in our care.

Service Menu

Please choose the options you would like for your dog; type of suite, package or other a la carte services.

Emergency Contact Form

Please provide at least two local emergency contacts.

Medication Authorization Form

If necessary, in order to ensure proper administration of medications.

Feeding Instructions

Please be as detailed as necessary. We want your dogs' meals to be as accurate and consistent as possible.

Dog Walking Release Form

This form is necessary if you would like your dog walked during his stay.

You will also need to bring the following:

- **Food:** Meals should be pre-bagged per serving and labeled with your dog's name. Downtown Dogs staff is happy to bag your dog's food for a minimal charge. For guests staying 2 weeks or longer a *sealed* food container is acceptable.
- **Bedding** (Optional): A comfy bed will be provided if one is not brought from home.
- **Toys/Personal Items** (Optional): Please limit to (2) items that can be safely enjoyed with limited supervision.
(Note: Due to safety concerns, we will not accept rawhide chews or greenies.)
- **Medications** (If Necessary): Please keep all medications in the prescribed containers.
- **Current Vaccination Certificate:** If your dog has received any vaccinations since his last visit

If you have any questions or concerns, please don't hesitate to call us at 408-287-2267.



Resort Services Sheet

Please mark the appropriate boxes next to the services you would like your pet to receive and bring this sheet with you at check in.

Name: _____ Dog(s) Name: _____

Number of Dogs: 1 2 3

Check-in Date _____ Check-out Date _____ Total # of Nights _____

Late Check Out after 12pm Time _____
(There is a late check-out fee of \$30 (or \$25 for each additional dog) for pick-ups after 12pm)

Use my daycare package (Clients may use an existing daycare package in lieu of late check out fee)

All Dogs sleep in a Standard Room - (5'x5') includes a cot for our guests to rest on

Additional accommodations: Web Camera \$5 per night Upgrade Bedding \$5 per night

Resort Packages

V.I.P. - Very Important Pooch Packages

V.I.P. - Platinum: \$20 per night Quantity _____ Scheduled Date(s): _____
This package includes one walk, upgraded bedding, choice of Standard or Premium Kong and a photo collage of your dog's stay.
Treat Choice: Peanut Butter Dream Cheesy Delight Happy Belly Fido's Feast

V.I.P. - Gold: \$15 per night Quantity _____ Scheduled Date(s): _____
This package includes one personal time, upgraded bedding and choice of Standard or Premium Kong
Treat Choice: Peanut Butter Dream Cheesy Delight Happy Belly Fido's Feast

V.I.P. - Silver: \$11 per night Quantity _____ Scheduled Date(s): _____
This package includes one Personal Time and one Standard Kong
Treat Choice: Peanut Butter Dream Cheesy Delight

Boarding School \$16 per night Quantity _____ Scheduled Date(s): _____
This package includes one training session and one treat filled toy
Options: Sit Leave It Down Come Stay
Treat Choice: Peanut Butter Dream Cheesy Delight

Additional Services

Standard Kongs \$3 Quantity _____ Choice: Peanut Butter Dream Cheesy Delight
Premium Kongs \$5 Quantity _____ Choice: Happy Belly Fido's Feast
 Bully Sticks \$5/\$3 Quantity _____ Choice: Large Small
Personal Time \$10 / 20 minutes Quantity _____ (One on one time w/ your dog) Snuggles Play
 Dog Walks \$15 / 20 minutes Quantity _____ Scheduled Date(s): _____
 Personal Training \$15 / 20 minutes Quantity _____ Scheduled Date(s): _____
Options: Sit Leave It Down Come Stay

Spa Services Basic Bath \$20-\$40 Deluxe Bath +\$15 Pawdicure \$10 Teeth Brushing \$5



Emergency Contact Form

In case of an illness or emergency when you are away, Downtown Dogs requires that you have at least two local emergency contacts if you will not be local. These emergency contacts are authorized to pick up your dog and care for him if needed. You will be asked to update this form every time your dog stays with us.

Name: _____

Dog's Name: _____

Phone number where you can be reached: _____

Emergency Contact #1

Name: _____

Phone: _____

Alternate Phone: _____

Emergency Contact #2

Name: _____

Phone: _____

Alternate Phone: _____

If Downtown Dogs cannot reach me and my dog requires veterinary attention, I authorize Downtown Dogs, Inc. its agents or employees to transport my dog to a veterinary hospital. I authorize a licensed veterinarian to administer treatments and/or perform procedures that are considered necessary. However, the cost of such services shall not exceed \$_____. Further, I agree to assume full financial responsibility up to the amount I have specified and a transportation fee of \$20 will be applied.

Signature

Date



Medication Instructions

Owner's name: _____

Dog's name: _____

Owner's signature: _____

Date: _____

Is your dog allergic to any food (human or pet)? Yes No

If yes, what? _____

MEDICATION #1	Name:		Pill / Med count:	
For what condition is your dog being treated for?				
Is there any special way you give your dog medication?				
Verify type of medication	<input type="checkbox"/> Ointment	<input type="checkbox"/> Oral	<input type="checkbox"/> Other Specify:	
Is this medication to be administered regularly or on an "as needed" basis?	<input type="checkbox"/> Regularly Scheduled	<input type="checkbox"/> AM Amount:	<input type="checkbox"/> Noon Amount:	<input type="checkbox"/> PM Amount:
	<input type="checkbox"/> As Needed	If you selected "As Needed", please specify the maximum daily dosage/ frequency		

MEDICATION #2	Name:		Pill / Med count:	
For what condition is your dog being treated for?				
Is there any special way you give your dog medication?				
Verify type of medication	<input type="checkbox"/> Ointment	<input type="checkbox"/> Oral	<input type="checkbox"/> Other Specify:	
Is this medication to be administered regularly or on an "as needed" basis?	<input type="checkbox"/> Regularly Scheduled	<input type="checkbox"/> AM Amount:	<input type="checkbox"/> Noon Amount:	<input type="checkbox"/> PM Amount:
	<input type="checkbox"/> As Needed	If you selected "As Needed", please specify the maximum daily dosage/ frequency		

MEDICATION #3	Name:		Pill / Med count:	
For what condition is your dog being treated for?				
Is there any special way you give your dog medication?				
Verify type of medication	<input type="checkbox"/> Ointment	<input type="checkbox"/> Oral	<input type="checkbox"/> Other Specify:	
Is this medication to be administered regularly or on an "as needed" basis?	<input type="checkbox"/> Regularly Scheduled	<input type="checkbox"/> AM Amount:	<input type="checkbox"/> Noon Amount:	<input type="checkbox"/> PM Amount:
	<input type="checkbox"/> As Needed	If you selected "As Needed", please specify the maximum daily dosage/ frequency		



Feeding Instructions

Dogs Name: _____

Does your food need refrigeration? Yes No

We have 3 feeding times per day, when would you like your dog fed?

AM Midday PM

Please list any special feeding instructions:

Please Note: If your dog refuses to eat for more than 24 hours, we will encourage eating by adding a small amount of either chicken broth or premium canned dog food. If your dog can not safely have either of these items, please inform staff at check-in.

Did you bring extra treats for your dog? Yes No
When should we give them? AM Midday PM

Does your dog have food allergies? Yes No

What is your dog allergic to? _____

Can your dog have a naptime frozen peanut butter/yogurt treat? Yes No

Can your dog have Downtown Dogs kibble as treat rewards? Yes No*

*If No, please provide extra kibble for us to use at treat rewards



Downtown Dogs

Dog Walking Form

Name: _____

Dog(s) Name: _____

Please answer the following questions:

How does your dog react when he sees people/ children while on leash?

Does your dog react to any noises (motorcycles, trucks, skateboards) while on leash?

How does your dog react to seeing other dogs while on leash?

Does your dog like to chase squirrels, birds, joggers, bicycles while on leash? YES NO

Has your dog ever barked, snapped, bitten or lunged at a person while on leash? YES NO

Has your dog ever barked, snapped, bitten or lunged at a bike, skateboarder or other moving vehicle while on leash? YES NO

I understand there are many possible risks (stray dogs, vehicles, strangers, etc.) associated with my dog walking in public spaces. I agree that Downtown Dogs, Inc. shall not be liable for any injuries or illnesses my dog may experience, resulting from my dog's participation. I expressly waive and relinquish any and all claims against Downtown Dogs, Inc., its employees and representatives, except those arising from gross negligence on the part of Downtown Dogs, Inc. If my dog(s) displays any behaviors, deemed aggressive by Downtown Dogs, Inc., making it difficult for him to be walked safely, Downtown Dogs, Inc. will discontinue walks and I will be notified. I understand for my dog's safety and control, Downtown Dogs requires that all dogs walking in public spaces must wear an Easy-walk harness at all times. I understand that Downtown Dogs, Inc. may cancel scheduled walks, due to inclement weather. I acknowledge I am responsible for any medical expenses and/or damages, resulting in injury or damage to personal property of Downtown Dogs employees, other persons, or animals caused by my dog(s). Downtown Dogs, Inc. reserves the right to refuse service at any time, for any reason. I attest that all of the above information is true to the best of my knowledge. If anything changes from what is listed, I will inform Downtown Dogs, Inc. immediately.

Signature

Date