



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; suite upgrades, package or other a la carte services.

Emergency Contact Form

Please provide at least two local emergency contacts, as well as where you can be reached.

Feeding Instructions

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

Medication Authorization Form

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

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 do not allow rawhide chews or greenies.)

Medications (If Necessary): Please keep all medications in the prescribed containers.

(Note: Medicine should not be placed in food bags.)

Current Vaccination Certificate: If your dog has received any vaccinations since his last visit

*Please label all brought items with your dog's name.
All items brought in with no name will be labeled by our staff.*

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 11am Time _____ (A late check out fee of \$30 (\$55- 2 dogs) will be added for check outs after 11am)

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

Please select additional accommodations if desired:

Web Camera (\$5 per night) Upgraded Bedding to Mattress (\$3 per night)

Resort Packages

Quantity _____ **V.I.P. - Very Important Pooch** \$8 per night (2 night minimum)

This package includes: (1) Personal Time per night

Snuggles Play Fetch Other _____

(1) Treat filled toy per night Treat: Peanut Butter Dream Cheesy Delight

Quantity _____ **Boarding School** \$10 per night (2 night minimum)

This package includes: (1) Training Session per night

Sit Leave It Down Stop Jumping Come Stay Basics Review

(1) Treat filled toy per night Treat: Peanut Butter Dream Cheesy Delight

A la Carte Services

Quantity _____ **Treat Stuffed Toys** \$3 per toy Choice: Peanut Butter Dream Cheesy Delight

Quantity _____ **Personal Time** \$10 / 20 minutes (One on one time w/ your dog)

Snuggles Play Fetch Other _____

Quantity _____ **Personal Training** \$15 / 20 minutes (please tell us what you would like us to focus on)

Sit Leave It Down Stop Jumping Come Stay Basics Review

Spa Services

Basic Bath \$20-\$40 Deluxe Bath \$30-\$50 Pawdicure \$10 Teeth Brushing \$

Special Requests _____



Feeding Instructions

Dogs Name: _____

How often does your dog eat? AM Midday PM Free Feeds

Other (Explain): _____

Does your dog's food require refrigeration? Yes* No

*Our refrigeration space is limited. Please pack meals as compactly as possible.

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 a premium canned dog food or plain non-fat yogurt. 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 PM Other _____

Does your dog have allergies? Yes No

What is your dog allergic to? _____

Can your dog have a naptime frozen 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



Emergency Contacts

In case of an illness or emergency when you are away, Downtown Dogs requires that you have at least two emergency contacts (they need to be local) that are authorized to pick up your dog and take them to the vet if needed. You will be asked to fill out 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: _____

Emergency Contact #3 (optional)

Name: _____

Phone: _____

Alternate Phone: _____

Veterinary Clinic: _____

Phone: _____

Address: _____

If Downtown Dogs cannot reach my emergency contacts and my dog requires immediate 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. Further, I agree to assume full financial responsibility for any and all expenses incurred 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		