

Catskill Mountain Bed N Biscuit Registration Form

Date: _____

Pet's Name: _____

Owner: Emergency Contact Number: _____

Expected pick-up date: _____

Time: _____

(Pick up after 12:00 will be charged an additional day)

Feeding: ☐ I have provided my own food
☐ Please feed kennel diet (\$5.00/Meal Charge)

Instructions: amount _____
(how often wet or dry, supplements?) _____

Belongings: (please list all toys, beds, etc...) _____

We cannot be responsible for lost or damaged items, we do our best to return everything you bring.

Medication: (\$1.00 per dose to dispense medication)

Name of medication: _____ Condition: _____

Instructions: _____

Grooming: (grooming at the end of a stay will receive a 10% discount)

☐ Please groom my pet before pick-up Estimated Cost: _____

Additional activities:

☐ **Playtime (\$10.00/ 15mins)**

☐ Everyday

☐ Every Other Day ☐ Other:

☐ **Nature Walk (\$10.00 / 15 min walk)**

☐ Everyday

☐ Every Other Day ☐ Other:

☐ **Home Sweet Home Time (\$10 / 30 mins)**

☐ Everyday

☐ Every Other Day ☐ Other:

☐ **Brushing and Hug Time (\$10.00 / 15 mins)**

☐ Everyday

☐ Every Other Day ☐ Other:

Signature: _____

Date: _____