



THE LITTLE TAIL
five paw pet resort of the rockies

Owner _____ Client # _____
 Pet(s) _____
 Check-in _____
 Check-out _____ Pick-up Time _____

Canine Boarding Admission Agreement

Please choose one of the following nightly package options:

- VIP (Very Important Pet) Package-** \$53.00 per night for first dog & \$40.00 per night for additional dog(s), *Includes a river walk, frosty paw treat, brushing, email updates, administration of medications & playtime in our indoor courtyard each day. Exit Bath not included.*
- Standard Package-** \$32.00 per night for first dog & \$23.00 per night for additional dog(s), *Includes playtime in our indoor courtyard.*
- Standard Package with administration of medications-** Price: \$35.50 per night for first dog & \$26.50 per night for additional dog(s), *Includes playtime in our indoor courtyard and administration of up to 4 medications.*
- Diabetic Package:** Price: \$48.00 per night, *Includes administration of medication, special feeding & nursing care. After hours inject fees may apply.*
- Special Needs/Care Package-**\$45 per night, *Dogs needing special care such as 4 or more medications, bladder expressions, post-operative care, or certain health conditions.*

**Any non-vaccinated pet, special care or contagious pets will be charged an additional isolation fee of \$15.00 per night.*

Additional Activities & Services:

- River Walk- 30 minute walk along river
 \$18.00 for first dog
 \$9.00 for additional dog
 Number of sessions _____
- Playtime- 15 minute walk or individual play session.
 \$9.00 for first dog
 \$5.00 for additional dog
 Number of sessions _____
- Frosty Paw Treat -\$3.25 per day
- Daily Brushing- \$5.00 per day
- Email updates- \$5.00 per day

- Nail trim- \$15.50 _____
- Teeth brushing & CET chew- \$5.00 per time
- Exit Bath-based on weight (2-25lbs/\$15.00)
 (26-56lbs/\$25.00) (56-100lbs/\$35)
- Grooming- Cost & availability varies. Please ask for more details during check-in.
- Veterinarian Exam
 Reason(s): _____

Feeding Instructions:

Pet Name: _____

- Own Food Food Allergies
- Kennel Food

Morning amount _____

Evening amount _____

2nd Pet Name: _____

- Own Food Food Allergies
- Kennel Food

Morning amount _____

Evening amount _____

3rd Pet Name: _____

- Own Food Food Allergies
- Kennel Food

Morning amount _____

Evening amount _____

4th Pet Name: _____

- Own Food Food Allergies
- Kennel Food

Morning amount _____

Evening amount _____

If your pet(s) is/are not eating, can we feed them a low residue wet food? Yes No

Can your dog(s) be given treats? Yes No

If you would like a written estimate, please feel free to ask. Payment is expected at check-out. Thank you for entrusting us to take care of your pet(s) at Red Hill Animal Health Center.

Emergency Number: _____ Signature: _____

Please initial if you authorize your pet to co-mingle with other pets: _____

Medication(s):

Medications must be in original prescribed container/vial.

Pet name: _____

Medication	Dose	Last Given

Pet name: _____

Medication	Dose	Last Given

List of Belongings:

Known existing health problems:

Additional Information:
