

2206 W. Lamar Alexander Pkwy
Maryville, TN 37801
865- 375- BARK (2275)
Brewstersbarkandbed.com

BOARDING CHECK IN Client Name: Primary Phone Number: Secondary Phone Number: Pet(s) Name: ______ Circle: Dog / Cat Circle: Dog / Cat _____ Circle: Dog / Cat _____ Circle: Dog / Cat **ACCOMODATIONS** Please Select Suite: Signature Luxury Cat Townhouse Time: _____ Arrival Date: Departure Date: _____ Time: _____ Pet guests may be checked in anytime during lobby hours. Check- out time is before noon Monday- Friday and 10am- 2pm on Saturday. Pets not picked up by noon, Monday- Friday, will be charged for an additional night's stay. Dogs going to Daycare or Grooming on check- out date will not incur a late check- out fee if picked up after 12pm. Please let us know if there have been any changes to your pet's profile sheet (i.e. phone number, email, veterinarian):

DINING INFORMATION

Check One:		
	I have supplied and labeled my pet(s) pre- measured food in separate Ziploc bags for each feeding. There is no additional charge for preparation for pet's personal food. I understand if my pet(s) supply of personal food runs short, I will be charged \$4.00/meal for Brewster's Bark & Bed house food.	
	I am requesting that my pet(s) eat Brewster's Bark & Bed house food. I understand that there is additional charge of \$4.00/meal. Please provide feeding instructions:	
measures?	y pet(s) decides to be a finicky eater, is it okay to use some enticement Yes No elect from the following enticement options: (select all that apply)	
Peanut Butter FreshPet Chicken/Rice Pumpkin Cheese		
For family dogs	sharing the same suite: Separate while feeding Do not separate	
MEDICAL INFORMATION		
Will you be leaving any medications/supplements for your pet(s) that Brewster's Bark & Bed staff will administer during the stay? Yes No		
Note: If you checked yes, you will need to fill out the Medication/Supplements Administration Form.		
Does your pet(s) have any old or current injuries/health concerns that require special attention? Yes No If yes, please explain:		
Does your pet(s) have any allergies to medications and/or food? Yes No If yes, please explain:		
	lical information:	

PET SERVICES

A La Carte Dog Pampering Initial Selection(s) Quantity (*Insert Number*) Frequency (Circle One) Extra Potty Break \$2.00 once/daily/dates_____ Tuck- in Service \$7.00 once/daily/dates_____ \$4.00 Playtime once/daily/dates_____ Pampered Pet Session \$7.00 once/daily/dates_____ \$4.00 Yappy Hour once/daily/dates_____ House food- per meal \$4.00 once/daily/dates Daycare (boarding) \$14.00 once/daily/dates_____ Pet Care Program \$5.00 once/daily/dates_____ \$5.00 Storytime once/daily/dates_____ A La Carte Cat Pampering Initial Selection(s) Quantity (Insert Number) Frequency (Circle One) **Catnip Bubbles** \$4.00 once/daily/dates_____

once/daily/dates_____

once/daily/dates_____

once/daily/dates_____once/daily/dates_____

\$4.00

\$4.00

\$5.00

\$4.00

Laser Pointer Session

Pet Care Program

Enrichment Treat

House food- per meal

Please initial on each	ı line:
	Check- out time is before noon Monday- Friday and 10am- 2pm on Saturday. You will be charged an additional night's stay if your pet is not picked up on time.
	I understand that pets cannot be admitted or released when the lobby is closed.
	The lobby is closed for check- in and check- out on New Year's Day, Memorial Day, Easter Sunday, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.
	My pet(s) is in good health and has not been exposed to any contagious or communicable illnesses within the past 30 days.
	I hereby agree that all information provided in this document is accurate and I agree to pay for all services and fees herein. I further agree that my pet's boarding is subject to the terms and conditions set forth in the Brewster's Bark & Bed Form(s).
Owner's Signature	
Owner's Printed Nar	ne