



Boarding Request

Dog's Name(s)		Last Name	
First Name(s)		Contact Tel	
Reservation Estimate and Deposit In Date _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Out Date _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM # Overnights (24 hr) _____ x \$49 = _____ # Overnights (24 hr) _____ x _____ = _____ Holiday Premium * _____ x \$30 = _____ added Daycare <input type="checkbox"/> HD/ <input type="checkbox"/> FD _____ x _____ = _____ Use Punch card for added daycare? <input type="checkbox"/> <div style="text-align: right;">Subtotal _____</div> Deposit Amount = _____ Deposit Rec'd by _____ on _____		Actual, Adjustments and Amount Due at Pick Up In Date _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Out Date _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM # Overnights (24 hr) _____ x \$49 = _____ # Overnights (24 hr) _____ x _____ = _____ Holiday Premium * _____ x \$30 = _____ added Daycare <input type="checkbox"/> HD/ <input type="checkbox"/> FD _____ x _____ = _____ adjustments (specify) _____ = _____ <div style="text-align: right;">Subtotal _____</div> ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ Minus deposit rec'd _____ <div style="text-align: right; background-color: yellow;">Amount Due at Pick Up = _____</div> Payment Rec'd by _____ on _____	
<p style="font-size: small;">Boarding rates are calculated based on each 24 hour day. Additional time around the identified check in and check out is accommodated with full (>6 hrs) or half (<6 hrs) days of daycare. Punch card holders may use a punch.</p> <p style="font-size: small;">* Holiday Premium applies to Easter Sunday, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Day and New Year's Day</p>			
Food (supplied by owner) <input type="checkbox"/> Morning Qty _____ <input type="checkbox"/> Noon Qty _____ <input type="checkbox"/> Evening Qty _____ <i style="font-size: x-small;">We recommend pre-proportioned meals in Ziplock-type bags, plus a few spare portions, to ensure adequate supply.</i> Brand of food: _____ Food allergies? <input type="checkbox"/> Specify: _____ Treats (supplied by owner) <input type="checkbox"/> Morning Qty _____ <input type="checkbox"/> Noon Qty _____ <input type="checkbox"/> Evening Qty _____ Medications and Supplements Itemize with dosing instructions: <i style="font-size: x-small;">Note: Unless otherwise instructed, Scampers staff may use an aromatherapy spray, an herbal remedy such as Rescue Remedy, or an over-the-counter medicine such as Benadryl to assist a dog suffering with separation anxiety.</i>			
Personal belongings: <input type="checkbox"/> Bed <input type="checkbox"/> Blanket <input type="checkbox"/> Toy(s) <input type="checkbox"/> Other: _____			
How does your dog normally sleep at home? Check all that apply. <input type="checkbox"/> Free to roam <input type="checkbox"/> In my bed <input type="checkbox"/> In own bed <input type="checkbox"/> In separate room <input type="checkbox"/> In crate, door open <input type="checkbox"/> In crate, door closed			
Other notes: _____			

 I understand that the Pet Care Agreement and Waiver on file applies to all services provided by Scampers Daycamp for Dogs.
 Pls Initial