

# SWACC, Inc. Sign-In Sheet

OWNER: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

PET(S): \_\_\_\_\_

Date In \_\_\_\_\_ Date Out \_\_\_\_\_ List Belongings \_\_\_\_\_

Did you bring FOOD? \_\_\_\_\_ Food Allergies? \_\_\_\_\_

Feeding Instructions \_\_\_\_\_

Any Medical Conditions or Care Instructions \_\_\_\_\_

## ADDITIONAL CHARGE **Activities** ADDITIONAL CHARGE

\***DOGGIE DAY CARE FULL DAY** - \$25/day • **HALF DAY** - \$17/day - includes POOL & TREAT available Monday - Friday ONLY

Every Day \_\_\_\_\_ Every Other Day \_\_\_\_\_ Other \_\_\_\_\_

\***GROUP ACTIVITY/POOL TIME** - Available every day

Every Day \_\_\_\_\_ Every Other Day \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ 30 minutes \_ \$12.00/dog

\_\_\_\_\_ 60 minutes \_ \$17.00/dog

\***30 MINUTES INDIVIDUAL ATTENTION** - \$20.00/DOG

Every Day \_\_\_\_\_ Every Other Day \_\_\_\_\_ Other \_\_\_\_\_

**Check the following:**

- Check out time 3:00pm.
- Check outs on Sunday 5:00-5:30pm. Sunday night charges will apply.
- I allow SWACC to take pictures of my pet.
- Pictures are sent to owner as a courtesy upon employee availability.

## Grooming

\*When Available\*

Date \_\_\_\_\_ Bath & Brush \_\_\_\_\_ Bath & Haircut \_\_\_\_\_ Bath & Trim \_\_\_\_\_

Kennel Bath \_\_\_\_\_ Nail trim only \_\_\_\_\_ Nail File only \_\_\_\_\_

Special Grooming Instructions \_\_\_\_\_

## Treats

\_\_\_\_\_ Grilled Chicken Breasts - \$3.50 day, given daily at noon

\_\_\_\_\_ Pup Pops (Homemade Doggie Ice Cream) - \$3.50/day, daily at noon

## Medications

\$3.00 min. charge per administration -if multiple pets, please indicate who is being medicated.

Name of Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

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I understand that my pet is boarding, on insulin, and should he/she not eat, a glucose check will be required to insure proper administration of insulin. (Each glucose check is \$25.00 + tax)

Although every effort is made by SWACC, Inc. to ensure the safety of all pets, I realize that SWACC, Inc. cannot be held responsible for any unforeseen accidents. Further, I give SWACC, Inc. permission to administer any medical treatment deemed necessary and agree to pay for any charges incurred.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Administration Only

SO= \_\_\_\_\_ TD= \_\_\_\_\_ SC= \_\_\_\_\_ DCK= \_\_\_\_\_