

# River Trail Pet Lodge

Camper:

Client:

First Stay?  yes  no

Date In: 07-15-15

Date Home: \_\_\_\_\_ AM / PM

Contact No. \_\_\_\_\_ cell?

*Would you like us to feed your dog science diet or have you brought food with you?*

- Science Diet
- Own Food
- \_\_\_\_\_

*Would you prefer individual or supervised group playtime for your dog?*

- Group
- Individual
- Daycare
- Other: \_\_\_\_\_

*Do we need to give any medications?*

- Yes
- No
- Other: \_\_\_\_\_

*Are you giving medications as labeled? When is the next dose due?*

- Yes, give as labeled
- No, \_\_\_\_\_
- Next dose due: \_\_\_\_\_
- Other: \_\_\_\_\_

*Would you like to make a grooming appointment?*

- Yes
- No
- Other: \_\_\_\_\_

*Would you like your dog to have a bath before going home (\$21)? Add nail trim (\$5)?*

- Bath
- Add nail trim
- Other: \_\_\_\_\_

**Additional Comments**

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