

# S.E.T. Client

## Same Every Time



Pet's Name: \_\_\_\_\_

Client's Name: \_\_\_\_\_

I am agreeing that my pet(s) shall have the following services each and **EVERY** time that they board with Petville Pet Hotel. I acknowledge I will still have to sign a check-in form at drop off, but the staff will complete the form based on the instructions I have given below. Please do **NOT** put medications on here that change from visit to visit, those should be listed on the check in form. **This form is for permanent medications and permanent emergency numbers ONLY.**

### Play Times:

#### PACKAGES

- K-9 Fun Package (\$18)                       K-9 Comfort Package (\$20)                       Puppy Fun Package(\$20)  
 Feline Fun Package (\$10.50)                       Spa Day (varies on size)

**I would like to have the above package in the following Frequency:**

- Daily                       Every Other Day    **Notes:** \_\_\_\_\_

#### A LA CARTE PLAY TIMES(\$8 each session)

- |  |                                |                                      |  |
|--|--------------------------------|--------------------------------------|--|
| <input type="checkbox"/> VIP(individual Play): | <input type="checkbox"/> Daily | <input type="checkbox"/> Twice A Day | <input type="checkbox"/> Every Other Day |
| <input type="checkbox"/> Group Play:           | <input type="checkbox"/> Daily | <input type="checkbox"/> Twice A Day | <input type="checkbox"/> Every Other Day |
| <input type="checkbox"/> K-9 Camp:             | <input type="checkbox"/> Daily | <input type="checkbox"/> Twice A Day | <input type="checkbox"/> Every Other Day |
| <input type="checkbox"/> Brush n' Love         | <input type="checkbox"/> Daily | <input type="checkbox"/> Twice A Day | <input type="checkbox"/> Every Other Day |

**Notes:** \_\_\_\_\_

### Diet:

#### ROOM SERVICE

- |   |                                |                                      |  |
|---|--------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Hot Dog N' Chips(\$3): | <input type="checkbox"/> Daily | <input type="checkbox"/> Twice A Day | <input type="checkbox"/> Every Other Day |
| <input type="checkbox"/> Eggs n' Beggin' (\$3): | <input type="checkbox"/> Daily | <input type="checkbox"/> Twice A Day | <input type="checkbox"/> Every Other Day |
| <input type="checkbox"/> Activity Treat (\$3)   | <input type="checkbox"/> Daily | <input type="checkbox"/> Twice A Day | <input type="checkbox"/> Every Other Day |
| <input type="checkbox"/> Pupsicle (\$2)         | <input type="checkbox"/> Daily | <input type="checkbox"/> Twice A Day | <input type="checkbox"/> Every Other Day |
| <input type="checkbox"/> Special Toy (\$5)      | <input type="checkbox"/> Daily | <input type="checkbox"/> Twice A Day | <input type="checkbox"/> Every Other Day |
| <input type="checkbox"/> Plush Bedding (\$5)    | <input type="checkbox"/> Daily | <input type="checkbox"/> Twice A Day | <input type="checkbox"/> Every Other Day |

**KENNEL DIET (Dry & Wet)** \_\_\_\_\_  A.M. Only     Twice A Day                       PM Only

**OWN FOOD:** \_\_\_\_\_  A.M. Only     Twice A Day                       PM Only    Qty. \_\_\_\_\_

Please Turn the Page Over



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### Grooming:

- |  |   |
|--|---|
| <input type="checkbox"/> Exit Bath (on stays 5 days or longer as required) | <input type="checkbox"/> Exit Bath Every Visit  |
| <input type="checkbox"/> Full Groom (on stays 5 days or longer)            | <input type="checkbox"/> Full Groom every visit |

### Notes:

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### PERMANENT MEDICATION:

- |                               |                                    |                                  |                                      |
|-------------------------------|------------------------------------|----------------------------------|--------------------------------------|
| MEDICATION: _____ Qty.: _____ | <input type="checkbox"/> A.M. Only | <input type="checkbox"/> PM Only | <input type="checkbox"/> Twice A Day |
| MEDICATION: _____ Qty.: _____ | <input type="checkbox"/> A.M. Only | <input type="checkbox"/> PM Only | <input type="checkbox"/> Twice A Day |
| MEDICATION: _____ Qty.: _____ | <input type="checkbox"/> A.M. Only | <input type="checkbox"/> PM Only | <input type="checkbox"/> Twice A Day |

### My Veterinarian is:

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### PERMANENT EMERGENCY NUMBERS:

Name: \_\_\_\_\_ Number \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Number \_\_\_\_\_ Relation \_\_\_\_\_

I am the legal owner or authorized agent of this dog and I agree to pay the daily boarding fee and any additional fees for all ancillary services requested on this form. I am not aware of any medical reason or other reason why my pet should not board at this time. Additionally, I am authorizing **Petville Pet Hotel** to obtain medical records from my veterinarian in the event of a medical emergency. I understand that I must immediately contact Petville Pet Hotel and update the information on this form should the Emergency Contact, medical or any other critical information change. This agreement remains in effect until **Owner/Owner's Agent** asks to change it.

By signing this contract, the signer represents that he/she is the **Pet Owner, or Owner's Agent** and is the responsible party for these Pet(s). All terms and conditions of this contract shall be binding on the heirs, successors, administrators, personal representatives (agents) and assigns of **Pet Owner** and **Petville Pet Hotel**.

**Pet Owner or Owner's Agents Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Last Name: \_\_\_\_\_