



# FELINE CLIENT INSTRUCTION RECORD

TODAYS DATE: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Client ID:	For AL Use	Patient ID: For AL Use	Weight: lbs:
<b>Client Name:</b>		<b>Pet's Name:</b>	
<b>Address:</b>		<b>Species:</b>	
	,	<b>Breed:</b>	
<b>Telephone:</b>		<b>Sex:</b>	
		<b>Color:</b>	
<b>PICK UP TIME:</b> _____ <b>When was your pet last fed ?</b> _____ - Time			
<b>Does your pet have any food allergies:</b> YES _____ NO _____ <b>If Yes: (Please List)</b> _____			
BREAKFAST- PLEASE FEED:(Please List Quantity)			
Animal Lodge serves (Science Diet Adult) between 5AM - 6AM:			
NOON PLEASE FEED:(Please List Quantity)			
Animal Lodge serves (Science Diet Adult) between 12PM - 1PM:			
DINNER PLEASE FEED:(Please List Quantity)			
Animal Lodge serves (Science Diet Adult) between 5PM - 6:30PM :			
OTHER:(Please List Quantity)			
Animal Lodge serves (Science Diet Adult) :			

**PET'S NAME:**

Does your pet have a history of chewing on bedding, towels, plastics etc:

If Yes: (Please List) \_\_\_\_\_

NO: \_\_\_\_\_

SPA OPTIONS

EXCERSIZE OPTIONS

Bath \$20 (Per Pet) _____ Date: _____	-	<b>Out and About the Cabin</b> As a part of your stay your pet will enjoy 1 hour complimentary cabin play. Your pet will have fun with our toys and obstacles! They will not be playing with other pets. 1on1 Play Time 30 Mins with your pet \$15 _____(per pet)
Nail Trim \$12.50 (Per Pet) _____ Date: _____	-	

Employee Initials: \_\_\_\_\_

Client Signature: \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_