Posh Pet Hotel Overnight Pet Check-In

6710 S. Dixie Highway, West Palm Beach, FL 33405 T 561.225.1559 • F 561.828.3750 www.poshpethotel.com Posh Academy Training T 561.800.4900

			BOA	RDIN	G CHE	CK-IN			
Owner's Name:			P	Phone:					
My Destination:			P	none:					
Person Authorized to Pick-up:			P1	Phone:					
Pet(s) Name:				Circle: Dog / Cat O Circle: Dog / Cat					
Circle: Dog / Cat Circle: Dog / Cat									
Please Select S	uite:						CATL	ANTIS	
	Q Classic	q Deluxe	q Luxury	q Zen	q Royal	Q Presidential	Q Classic	q Luxury	
	Check-In	Date	:			Time:]
	Check-Out	Date	:			Time:			
noon applies a dis late fee of \$20 per overnight guests a Please let us know	family for the fi and be charged fo	rst 30 minu or an addit	ites after clo ional night'.	osing. Aj s stay.	fter the fir	st 30 minutes after	r close, the P	et Guests w	
			PE	F INF	ORMA	FION			
Check One:									
Q I have supplied and labeled my pet(s) pre-measured food in separate Ziploc bags for each feeding. There is no additional charge for preparation of a pet's personal food. I understand in the event that my pet(s) supply of personal food runs short, I will be charged up to \$5.00 per meal for Posh Pet Hotel's premium house cuisine.									
	 "I am requesting that my pet(s) eat Posh Pet Hotel's house cuisine. I understand that there is an additional charge of \$5.00 per meal for Fromm's dry food, or \$8.00 per meal for premium wet food. 								
In the event my pet decides to be a finicky eater, is it okay to use some enticement measures? q Yes q No									
Q I will provide my own food. Name of food:									
Q My pet will eat House Cuisine, Dry food, for \$5 per meal.									
Q Premium, wet food - \$8.00. All natural, Beef, Chicken, or Salmon									

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PET INFORMATION

Morning Feed: Cups/bags mixed with: Lunch Feed: Cups/bags mixed with: Evening Feed: Cups/bags mixed with: Notes:	PetName:	Separate while feeding if sharing suite with family? q Yes q No
Evening Feed:	Morning Feed:	Cups/bags mixed with:
Notes:	Lunch Feed:	Cups/bags mixed with:
Pet Name: Separate while feeding if sharing suite with family? Q Yes Q No Morning Feed: Cups/bags mixed with:	Evening Feed:	Cups/bags mixed with:
Morning Feed:	Notes:	
Lunch Feed: Cups/bags mixed with: Evening Feed: Cups/bags mixed with: Notes:	Pet Name:	Separate while feeding if sharing suite with family? q Yes q No
Evening Feed:	Morning Feed:	Cups/bags mixed with:
Notes:	Lunch Feed:	Cups/bags mixed with:
Pet Name:	Evening Feed:	Cups/bags mixed with:
Morning Feed: Cups/bags mixed with: Lunch Feed: Cups/bags mixed with: Evening Feed: Cups/bags mixed with: Notes:	Notes:	
Lunch Feed: Cups/bags mixed with: Evening Feed: Cups/bags mixed with: Notes:	PetName:	Separate while feeding if sharing suite with family? q Yes q No
Evening Feed: Cups/bags mixed with: Notes:	Morning Feed:	Cups/bags mixed with:
Notes:	Lunch Feed:	Cups/bags mixed with:
MEDICAL INFORMATION Does your pet have any old or current injuries/health concerns that require special attention? q Yes q No If yes, please explain: Does your pet have any allergies to medication and/or food? q Yes q No If yes, please explain: Additional medical information:	Evening Feed:	Cups/bags mixed with:
Does your pet have any old or current injuries/health concerns that require special attention? q Yes q No If yes, please explain: Does your pet have any allergies to medication and/or food? q Yes q No If yes, please explain: Additional medical information:	Notes:	
If yes, please explain:	MEDICAL INFORMAT	ΓΙΟΝ
Does your pet have any allergies to medication and/or food? q Yes q No If yes, please explain: Additional medical information:	Doesyourpethaveanyoldor	current injuries/health concerns that require special attention? q Yes q No
If yes, please explain:Additional medical information:	If yes, please explain:	
Additional medical information:	Does your pet have any alle	rgies to medication and/or food? q Yes q No
Additional medical information:	If yes, please explain:	

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MEDICATION INSTRUCTIONS

	Pet's Name Medication	Dosage	Time	Reason
Pleas	e provide the exact count of medication being left at l			Oral count Other (Specify) Count
PET	SERVICES			
Servi Initial	ce Selection(s):	Quantity Insert Number:		Frequency Circle One:
q	Nail Trim - \$20		0	O O O once/daily/dates
q	Nail cut and smoothing Posh Cam - \$12 per day Watch your fur-baby in their private suite		_ 0	O O O O O O O O O O O O O O O O O O O
q	after a day of fun! Busy Bone - \$5 Frozen Peanut Butter Kong			O O O O
q	Frozen Yogurt - \$6			Once/daily/dates
q	Refreshing, Frozen Treat Gourmet Bedtime Biscuit -\$3			Once/daily/dates
q	Organic Treat at Bedtime Filet and Green Beans - \$15 Organic Filet with rice, and Green Beans			Once/daily/dates
q	Chicken or Fish and Green Beans - \$15 Organic Chicken or Fish with rice, and Green Beans			O O O once/daily/dates
q	Bedtime Story, Tummy Rub - \$15 Paw-some Story with Cuddles, Tummy Rub, and Tuck-In			O O O O O O O O O O O O O O O O O O O
q	${\small 20-Min.Personal Playtime with PoshStaffMember}$	-\$15		Once/daily/dates
q	20-Min. Family Playtime with Posh Staff Member-\$20 (Up to 3 dogs in the samesuite)			O O O O once/daily/dates
q	Kitty / Doggy Cuddle -\$15 20 minutes of personalized attention with lots of cuddles and a brush-out.			O O O O
q	Premium, Wet Food -\$8.00 All natural, Beef, Chicken, Salmon			O O O O once/daily/dates
PER	SONAL BELONGINGS			
Please	e describe any items you will be providing for your pet'	s stay:		
q C	ollar:	q T-Shirt: _		
q C	at Carrier:	q Toy:		

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OTHER SERVICES

Make sure to speak with our friendly Front Desk Staff regarding our Salon & Spa Services. We would love to pamper your pet while they are on vacation!

POLICY REMINDERS

Please initial on each line.	
\$25 Monday – Saturday, and \$15 on Sunday.	bicked up by 12p.m. will be charged a discounted Daycare fee of Pets not picked up prior to closing will assess a late fee of \$20, per family, for st 30 minutes after close, the Pet Guests will be considered overnight guests
	e a Departure Bath if boarding for three (3) nights or longer. en based on dog's size and hair length.
The lobby is closed for check-in and check-ou Thanksgiving Day, and Christmas Day.	nt on New Year's Day, Memorial Day, Independence Day, Labor Day,
My pet is in good health and has not been expast 30 days.	xposed to any contagious or communicable illnesses within the
	ed in this document is accurate, and I agree to pay for all services and fees is subject to the terms and conditions set forth in the Posh Pet Hotel Client
Peak pricing of \$5 per day will apply during ma	ajor holiday weeks.
CLIENT SIGNATURE:	DATE:
NAME (PLEASE PRINT):	PET(S)NAME: