check in _____/check out_____

Bed and Breakfast

Check In _____/_____
Check Out _____/_____
Pick up time _____

Name of person picking up if other than owner

Last Name _____ First Name _____Weight _____

Breed _____ Coat Color - _____ Sex _____

Feeding Instructions
Own Food circle one **B&B** Food Amount _____Times am /noon /pm Frosty Paw Y / N

Medications 1)_____ Dosage _____

2)_____Dosage_____

3)_____Dosage_____

Medical Service Appt. Date _____ **Time** _____

Belongings Newton Veterinary is not responsible for lost, soiled or damaged belongings.

Leash Collar Blanket Toys Treats Bed

Spa Services are offered at a 5% discount for our Bed & Breakfast guests.

Bath Yes _____ No _____ Nail Trim Yes _____ No _____

Grooming Yes _____No_____ Teeth Brushed Yes _____ No _____

Description of Grooming _____

In case of Emergency when neither party can be reached, I authorize Newton Veterinary Hospital/Animal Emergency Hospital to treat my pet. I agree to pay all charges incurred for these services.

_____ _____
Signature Date

_____ _____
Emergency Contact Emergency Number

For Hospital use only

	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Appetite														
Urination														
BM														
Diarrhea														
Vomiting														
Frosty Paws														