

Pet Nation Lodge

OVERNIGHT LODGING MENU

Name: _____

Pets Name(s): _____

Dates of Drop Off: _____

Dates of Pick Up: _____

Emergency Contact Name and
Number: _____

Brought Items: _____

My dog can have Pet Nation Lodge provided bedding: Y / N

Feeding Instructions

Has your pet eaten today:
Y / N

Food Types - Circle One

- Owner Provided: _____
- Pet Nation Provided (Circle one)
 - Purina Pro Plan
 - Iams

How much: _____

How Often: AM _____ PM _____

Other _____

Notes: _____

Medication Instruction

Does your pet receive meds?
Y / N

Medication : _____

Amount: _____

Time of day: AM / PM

Medication : _____

Amount: _____

Time of day: AM / PM

Medication : _____

Amount: _____

Time of day: AM / PM

Medication : _____

Amount: _____

Time of day: AM / PM

Grooming Service:

_____ Exit Bath: Bath and Towel Dry

_____ Bathe & Brush : Shampoo, Blow-dry, Brush, Nail Trim, Ear
Cleaning, Anal Glands, & a Bandana

_____ Full Groom (based on availability)

By signing below you have agreed to the following:

I understand that pickup time is at or before 1:00 pm. I agree to the \$36 late fee that applies after 1:00pm. I agree that I have provided Pet Nation Lodge with the following: current proof of vaccination, signed agreement, updated personal and vet information, and an emergency contact number.

Signature _____