

Hours by Appointment

Mon-Fri 7:00 to 6:00

Sat-Sun 8:00 to 5:00

All SEASONS PET CARE

DAY CARE CHECK IN

After Hours \$ 40.00

Master Card , Visa & Discover

Date: ____/____/____ Time In: _____ Estimated Pick Up Time: _____
Mo Day Yr

Owner/Agent: (Last) _____ (First) _____

Person picking up pet(s) if different than above _____ Phone (____) _____

Emergency Contact: _____ Phone (____) _____

Pet's Name	Snack Instructions	Oral Meds & Inst	Medical History/Past Surgery
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

- ____ Day Care Basic (Includes X-Areas & Play Time) \$24.50
- ____ Day Care Plus (Includes X-Areas, Play Time & Nature Walk) \$32.50
- ____ Day Care 5 Hour + (Includes X-Areas) \$14.00 (\$3.50 per additional or partial hour over 5 Hours)
- ____ Additional Play Times (\$7.50) ____ Additional Walks (\$8.00)

Pets on medications, ointments, supplements etc. will be charged an additional \$3.50 per day. (Insulin or injections \$4.50)

Notes: _____

At the Spa

____ Nail Trim (Small \$11.00, 12.00, 14.00, 16.50 Giant) ____ Brush Teeth (\$5.00) ____ Ear Cleaning (\$7.00)

Vaccines (All Seasons Pet Care to Administer Free of Charge)

____ DA2PP+PV (Distemper/Parvo Combo) (\$15.00) ____ Bordetella (Canine Cough \$17.50)

Pick-Ups over 5 Hours will be charged \$3.50 for each additional &/or partial hour. Pets not picked up during normal business hours will be charged an overnight stay at the regular Boarding Rate in addition to Day Care Fees. The Owner/Agent agrees to the above Terms and Conditions and the contract on file with All Seasons Pet Care. Pick up times are strictly adhered to. **Checks must be Pre-Approved. Returned Check Fee \$40.00. Payment must be in full at time of check out or pet will not be released.** The Owner/Agent agrees to the above Terms and conditions and the contract on file with All Seasons Pet Care.

Signed (Owner/Agent) _____ Date ____/____/____

Please Do Not Fill Out Anything Below This Line

CHECK OUT

Date In ____/____/____	Date Out ____/____/____	Time Out _____ am/pm	Groom		
Name / Description / Item	Rate/Amt	Qty	Name / Description / Item	Rate/Amt	Qty
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Check in by: ____ Check Out by: ____ Invoice # ____ Sale # ____ TOTAL ____

Check # ____ Cash ____ MC ____ Visa ____ Disc ____ Debit Card ____ Deposit ____

Bal Due ____