

# The Pet Inn, Spa and Wellness Centre

---

*Owners name:*

*Address:*

*Phone number:*

*Pets name:*

*Date of arrival:*

*Date of Departure:*

*Shuttle required: Yes \_\_\_\_\_ NO \_\_\_\_\_*

*Address that you require a shuttle to:*

*\*Belongings (please note that we are not liable for any lost or damages)\**

*Please just bring along or send your pets collar or harness, and his/her food, with his/her name on it and how much we need to feed and when.*

*If your pet is on any medications, please write out directions and make sure medications are clearly labelled.*

*An updated Guest Profile (if you have not stayed with us before, or if it has been longer than a year)*

*Updated vaccination certificate every year for our records.*