

Boarding Check-In Form

Office Use

Name of Owner: _____ Name of Dog: _____

Arrival Date: ____/____/____ Departure Date: _____

Where Are You Staying? _____ Cell # _____

Best Way to Reach You: _____ Cell # _____

Emergency Contact: _____ Cell # _____

Items Brought – Description:

Bed: _____ Leash: _____ Other: _____

Feeding

Name of food: _____ Kibble: _____ Wet: _____

Has your dog been fed today? Yes: _____ No: _____ If Yes: AM ____ Mid-day ____
PM ____

Special instructions (i.e. add water, heat up, elevate): _____

Medications (including vitamins & supplements)

Name of medication: _____ Dosage: _____

Reason for using: _____ AM PM

Name of medication: _____ Dosage: _____

Reason for using: _____ AM PM

Has your dog received any medication(s) today? Yes No

if "Yes", which one(s) AND at what time(s): _____

Bathing and other Services

- | | | |
|--|--|-----------------|
| Bath, Wash & Wear: <input type="checkbox"/> | Go Home Clean Bath: <input type="checkbox"/> | Nail Trim Only: |
| <input type="checkbox"/> Neighborhood Walk: <input type="checkbox"/> | Ear Cleaning: <input type="checkbox"/> | Lunch Service: |
| <input type="checkbox"/> After Dinner Romp: <input type="checkbox"/> | | |

Is Play ok after Bath: Yes No

Additional Requests: _____