

Barking Lounge Boarding Check-In Sheet

In order to provide you with the best possible service, please fill this form out and either fax it to us at **206.382.1615** or bring it in when dropping off your pooch!

Owner: _____ Dog: _____ Arrive: ____/____/____ Depart: ____/____/____

CONTACT INFO Has any contact info changed (please call us if you are unsure)? No Yes _____

Has any of your Emergency Contact info changed? No Yes _____

Phone # where you can be reached during this stay ****REQUIRED****: _____

FEEDING Brand Name of Food: _____ Kibble Wet Amount (cups): _____ AM Noon PM

Special Instructions (food allergies, add water, no treats, heat up, elevate, etc.): _____

MEDICATIONS (please list any medications that we will need to give your dog during their stay):

Name of Med: _____ Reason for using: _____ Dosage: _____ AM PM

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Has your dog received its medication already today? Yes No If yes, at what time: _____ AM PM

HEALTH Has your dog had any of the following symptoms in the last week: lethargy, coughing/sneezing/wheezing, runny nose w/discharge, diarrhea, vomiting, goopy eyes w/discharge, or anything else unusual? No Yes

If yes, please describe and note any other issues that we should be aware of: _____

BATHING & GROOMING **Would you like your dog to receive any of the following services before returning home?**

Bath & Brush-Out Yes No Other Notes, special requests, etc: _____

FURminator (add-on to Bath) Yes No _____

Brush-Out Yes No _____

Nail Trim Yes No _____

Dremel Nail Trim Yes No _____

Anal Gland Expression Yes No _____

Approximately what time will you be picking up your pooch: _____ AM PM (This info is needed to ensure that your dog is ready to go!)