



# Boarding Check-In Form

Office Use

Name of Owner: \_\_\_\_\_ Name of Dog: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Departure Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

YOUR phone number while away: \_\_\_\_\_ Approx. pick-up time? \_\_\_\_\_

## Health

Is your dog currently healthy? Yes  No  If no, symptoms: \_\_\_\_\_

## Feeding

Name of food: \_\_\_\_\_ Kibble  Wet

Amount of kibble (in cups): \_\_\_\_\_ cups Amount of wet food (in cans): \_\_\_\_\_ cans

Feeding time(s) (check all that apply): AM  Mid-day  PM  Free Feed (available at all times)

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)

1. Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason for using: \_\_\_\_\_ AM  PM

2. 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): \_\_\_\_\_

## Grooming & Other Services

- Bath & Brush-Out
- FURminator (add-on to Bath)
- Brush-Out
- Ear Cleaning
- Dremel Nail Trim
- Nail Trim
- Teeth Brushing
- Anal Gland Expression
- Walk in the Neigh
- Outdoor Area Break
- Lunch Service

Additional Requests: \_\_\_\_\_