



BOARDING, DAY CARE, AND TRAINING
BOARDING CHECK-IN FORM

DOG'S NAME(S): _____ OWNER'S NAME(S): _____

DROP OFF **DATE & TIME:** _____ PICK UP **DATE & TIME:** _____

ROOMING (PLEASE CIRCLE):

◇ SOCIAL ◇ FAMILY [2+DOGS, 1 OWNER] ◇ SINGLE ◇ PRIVATE ◇ SPECIAL NEEDS [MEDICAL]; ◇ SMALL DOG ◇ OLD HOUND

SOCIAL DOG GROUPS _____ OR PRIVATE BOARD (NO DOG INTERACTIONS) _____

PARK TRIPS \$10 EA (INDICATE HOW MANY & WHICH DAYS YOU PREFER): _____

½ HR PRIVATE PLAYS/WALKS/ \$20 EA (INDICATE HOW MANY & WHICH DAYS YOU PREFER): _____

TRAINING \$20 PER 20 MINUTE SESSION TO WORK ON: _____

BATH \$15-35 [DEPENDING ON SIZE] _____ BRUSH OUT \$5-25(DEPENDING ON SIZE AND COAT) NAIL TRIM \$10 _____

ITINERARY: FILL OUT OR ATTACH PRINTED COPY

WHERE ARE YOU STAYING? (CITY/STATE/COUNTRY) _____ BEST WAY TO REACH YOU? _____

ITEMS BROUGHT (DESCRIBE):

BED:COLOR, SHAPE, MATERIAL _____ LEASH _____ TOYS _____

OTHER _____

FEEDING: DETAIL KIND OF FOOD & AMOUNT & ANY SPECIAL INSTRUCTIONS

MORNING: AMOUNT _____ EVENING AMOUNT _____ TYPE _____

MEDICATIONS: AM _____ MIDDAY _____ EVENING _____ TREATS OKAY? Y / N

SPECIAL INSTRUCTIONS/FOOD ALLERGIES: _____

ANY CHANGES TO DOGS BEHAVIOR AND/OR HEALTH: _____

PERSON TO CALL CASE OF AN EMERGENCY: _____ VETERINARIAN: _____

I HAVE READ THE UPDATED CONTRACT AND AGREE TO ITS TERMS X _____

STAFF USE ONLY:

ESTIMATED COST OF STAY: _____ PAID / UNPAID AT DROP OFF (CIRCLE ONE) VI. MC.CA.CK.MD

ADDITIONAL CHARGES INCURRED: _____

PRE-EXISTING BALANCE: _____ REMAINING BALANCE: _____ STAFF PERSON CHECK IN: _____ CHECK OUT _____