



BOARDING CHECK-IN
(ONE DOG PER SHEET PLEASE)

Dog's Name _____

Owner's Name _____

Phone Number where you can be reached: () _____

Boarding Arrival _____ **Departure** _____

Paid in advance? _____ **# of Nights** _____ **Amount of pre-payment \$** _____

Medication

Name of medication(s) _____

Reason/Condition _____

Dosage (include frequency and amount) _____

Special Medication Notes/Instructions _____

Feeding

Brand Name of Dog Food _____

My dog eats: Breakfast Lunch Dinner _____ cup(s) at each meal

Special feeding instructions:

Returning Home

Description of dog's belongings _____