

Who Checked Pet In: _____



Boarding Check-In Sheet

Name of Owner: _____ Name of Pet: _____

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

Emergency Contact Name: _____ Phone Number: _____

Your Phone Number While Away: _____

Approx. Pick-Up Time (if pet is getting Groomed): _____

Grooming and Other Services (circle all that apply) **ALL Services are at an ADDITIONAL CHARGE**

Bath/Groom/Nail Trim/ Anal Glands Flush & Treat Ears Spay/Neuter Dental

Update Annual Vaccinations: DHLPP Rabies KC Mass Removal Check-Up With Dr. Grimes
Other: _____

Additional Grooming/ Boarding Requests or Instructions:

HEALTH

Is your pet currently healthy? (Please Circle) YES or NO If no, symptoms: _____

MEDICATIONS

IS YOUR PET CURRENTLY ON A FLEA/TICK PREVENTATIVE? YES or NO

If **yes**, when was the last time it was given: _____

Product Name: _____

1. Name of Medication and Dosing Instructions: _____

Has the pet received this upon arrival: YES or NO Time: _____

2. Name of Medication and Dosing Instructions: _____

Has the pet received this upon arrival: YES or NO Time: _____

FEEDING

Did you bring the pets food from home? (Please Circle) YES or NO

Name of Food: _____

Amount of Kibble (in cups): _____ **Amount of Wet (in cans):** _____

Feeding Time(s): Once Daily Twice Daily

Has Your Pet Been Fed Today: YES or NO **If Yes:** AM and/or PM

Special Feeding Instructions: (Mix with, Heat up, Add water, etc.)

Pets Belongings While Boarding:

Bed Blanket(s) Toys: _____

Cage / Crate Food Food Container Leash / Collar / Harness

Treats