



Canine Boarding Check-In Sheet

Pet: _____ Client: _____

Sex (circle one): M F MN FS Breed/Description: _____

Dropping Off: Date _____ Time _____ Picking Up: Date _____ Time _____

Is pet UTD on HW and flea prevention? Type(s): _____

****If fleas are seen on pet, Capstar (flea treatment) WILL be administered and will incur a small additional cost****

Is pet taking any medications?: _____

What food does pet eat? How much and how often? _____

Does pet have any allergies or food/treat sensitivities?: _____

****If pet develops any symptoms during stay, you could be called to discuss the need for testing and/or treatments****

History of illness or injury?: _____

Is anything being left with Pet during their stay (leash/collar, bed, toys, food, treats etc.)? Describe below.

****We cannot guarantee you will receive items back in same condition in which they arrived or at all****

If applicable (Multi Dog Families), Can pets be housed in the same suite during stay? (Y N NA)

Pets are left unattended during the night and staff will be unaware of any events that may occur between pets until the following morning

Does pet need a bath and/or nail trim during stay? _____

***Additional charges apply –Bathing (w/ ear flush &nt): <50 lb=\$16.50, 50-100 lb=\$28, >100 lb=\$38 ,long coat=add \$10,NT: \$16.00

Does your pet need to be examined/treated by a Doctor during their stay? (Y N)

Please list problems/concerns:

If any issues are found with your pet during their stay do we have permission to treat? (Y N)

If YES and you are unreachable is there a budget that needs to be honored and up to how much \$ _____

Signature: _____

Phone #: _____

Emergency Contact: _____ Phone: _____

Text updates? Initial one. Yes: _____ No: _____