



Canine Boarding Check-In Sheet

Pet: _____ Client: _____

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

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

Are the following vaccinations up to date? Rabies (Y N), Da2PP (Y N), Bordetella (Y N)

Are the following tests up to date? Heartworm test (Y N)(- +), Fecal Test (Y N)(- +)

****If not UTD on any of the required items, pet must be updated during stay. An exam may also be required****

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

****If fleas are seen on pet, Capstar (flea treatment) may 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?: _____

Has pet been eating and drinking normally?: _____

Has there been any vomiting, diarrhea, coughing, or sneezing? _____

Any scratching/chewing/licking? _____

Is pet limping or showing any signs of pain? _____

****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****

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

***Additional charges apply –Bathing (w/ ear flush &nt): <50 lb=\$15, 50-100 lb=\$25, >100 lb=\$35 ,long coat=add \$10, NT: \$14.13

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

Please list problems/concerns:

Signature: _____

Phone #: _____ Emergency #: _____

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