



Boarding Check-In Form

Please complete for **EACH** pet staying with us for **EACH** visit / one sheet per pet

Date: _____

Owners Name: _____

Pet Name: _____

Cell Phone: _____

Date & Time of Check In

Week Day	Weekend
Date	Date
Preferred Time	Preferred Time
between 7am and 5pm	between 7:30 - 9am or 4:30 - 6pm

Date & Time of Check Out

Week Day	Weekend
Date	Date
Preferred Time	Preferred Time
between 7am & 5pm	between 7:30 - 9am or 4:30 - 6pm

Feeding Routine

Are you providing food? Yes No **Individual Meals MUST be pre-bagged and labeled with pets name

Current Brand of Food: _____

Cups per Meal: _____

Select Meal Times: Once Daily Twice Daily Three Times Daily Free Feed

Allergies: Yes No If yes, please explain _____

May we offer a high value food to entice your pet to eat? Yes No

If you have multiple pets staying together, do they need to be separated to feed them? Yes No N/A

Does your pet need a meal at the time of drop off? Yes No (They already ate)

Medications & Supplements

Please list all medications and/or supplements you would like us to administer to your pet.

****Original containers MUST be provided**** **Additional fees to administer may apply**

Medication/Supplement Name

Amount / Time(s) Given

1. _____

2. _____

3. _____

Has this pet been treated with Flea/Tick Prevention in the last 30 days?

**Should fleas be found on your pet at any time during their stay, they will be treated at the owners expense.

Yes No Brand: _____

Any recent vomiting or diarrhea, coughing or sneezing, heat cycle, heath issues, illness, injury or recent surgeries?

Yes No If yes, please explain _____

Any special notes, health problems, fearful reactions, likes or dislikes, aggression/bite history, destructive behavior, etc?

Yes No If yes, please explain _____

Office Use Only

Collar Harness Leash Bed Food Treats Toys
 Flea Check Pass Fail - contact owner Room # _____

Add-Ons

One on One Playtime

Yes No

Quality time with a staff member getting extra TLC, long walks, active playtime, enrichment games or brushing and more!

Single Everyday 2x per day Morning
 Family Every Other Day Afternoon

\$15.75 per 20 minute session

Custom _____

$$\frac{\text{Individual / Family}}{\text{Office Use Only}} \times \text{\# of sessions per day} \times \text{\# of days} = \text{Cost per Stay}$$

Doggie Daycare Routine

Yes No

Enhance the boarding experience with our structured, monitored social group with lots of time to play with old & new friends.

****Pets are required to attend our Meet & Greet before they are able to join.**

Single Full Day Everyday
 Family Half Day Every Other Day

\$10.50 1/2 Day / \$17.75 Full Day

\$3.00 discount for additional family members

Needs Meet & Greet (\$26.00)

Custom _____

$$\text{\# of days} \times \$ \text{ 1/2 Day} = \frac{\text{1/2 day total}}{\text{Full Day Total}} = \text{Cost per Stay}$$

Office Use Only

Grooming

Our appointment calendar fills quickly, please schedule at time of your booking.

Yes, already scheduled Yes, if you have availability No

Office Use Only

	Basic Nail Trim	\$13.75	
	Nail Trim, Grind & Trim Paws	\$25.00	
	Ear Cleaning	\$5.25	
	Sanitary Trim	\$23.00	
	Freshen Up (Brush, Nails, Ears, Cologne, Bandana)	\$31.25	
	Discounted Bath & Blow Out (after 4 nights of Boarding)	\$ varies	
	Hypoallergenic Shampoo <input type="checkbox"/> Unscented Shampoo <input type="checkbox"/>		
		Total	\$

4% discount when paying with cash or check

Cost for Boarding: \$ _____

Cost for Add-Ons: \$ _____

Total Cost for Booking: \$ _____

Office Use Only