

Playful Pooch

Boarding Check-In

Pet's First & Last Name: _____

Your Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Drop Off Date: _____

Pick Up Date: _____ Estimated Time: _____

Feeding Instructions (How many times a day do we feed them and how much):

Medications (all medications must be in their original container and be labeled by a vet):

* Does your dog have any allergies (inc. Food Allergies) we should know of? YES NO (circle one)
If yes, what are they allergic to?

If your dog runs out of food, can they eat our house food? YES NO (circle one)

Do we need to provide a bed for your dog? Brought Own YES NO, My Dog Eats bedding (circle one)

If you have 2 or more dogs boarding:

Do you want your dogs to be in the same kennel? YES NO (circle one)

Can your dogs be fed together? YES NO (circle one)

Is there anything else we should know to make your dog's stay more comfortable?

Signature

Employee Section

Departure Time 10AM 2PM 7PM

Checked In By _____

Checked Out By _____

Days: _____ ½ Days: _____ Nights: _____ Grooming: _____ Sun./Holiday: _____ Suite: _____