Playful Pooch

Boarding Check-In

Pet's First & L	ast Name:					
Your Name: Ph						
Emergency Contact:			Phone			
Drop Off Date	:					
Pick Up Date: Estimated Pick Up '				ime:		
Feeding Instr	uctions (How many tin	nes a day do we feed th	hem and how muc	h):		
Medications (all medications must b	e in their original con	tainer and be labe	led by a	vet):	
-	dog have any allergies what are they allergic		ve should know of	? YES	NO	(circle one)
Do we have p	permission to (ci	rcle one)				
Provide a bed for your dog? <u>Brought Own</u>				<u>YES</u>	<u>NO, my d</u>	<u>og eats bedding</u>
Provide a nylabone for your dog in their kennel?				<u>YES</u>	<u>NO</u>	
Provide food toppers or wet food if your dog is not eating?				<u>YES</u>	<u>NO</u>	
Give your dog pumpkin or a probiotic if they are experiencing loose stool?				<u>YES</u>	<u>NO</u>	
Provide our house food if your dog runs out of food?				<u>YES</u>	<u>NO</u>	
*Our l	nouse food is \$2 /day					
If you have	2 or more dogs boar	ding:				
Do you want your dogs to be in the same kennel?				YES	NO	(circle one)
Can your do		YES	NO	(circle one)		
Ci ano a tauna a						
orginature:						
Employee Se	ction	Depart	ture Tin	ne 10AM	2PM 7PM	
Checked In By			Checked Out By			
Days:	½ Days:	Nights:	Suite:		Sun./Holi	iday:
Food:	Grooming:					

*If you have grooming scheduled the day of pick up, the groomer will text you after your pooches' appointment