

# BOARDING CHECK IN



Owner's Name:

Dog's Name:

Check in Date & Time:

Check Out Date & Time:

## Belongings:

(Please list and describe all items provided, such as beds, toys, blankets, food bags/containers, etc.)

## Feeding Schedule

☐ **AM:** \_\_\_\_\_  
(Please specify amount/measurement)

☐ **LUNCH:** \_\_\_\_\_  
(Please specify amount/measurement)

☐ **PM:** \_\_\_\_\_  
(Please specify amount/measurement)

Food Brand/Type: \_\_\_\_\_

Siblings: ☐ Feed Together ☐ Feed Separate

## Dietary Add-Ons & Approvals

If your dog is not eating well, do we have permission to add allergy-approved meal enhancers (water, peanut butter, pumpkin, chicken broth, or cheese) to encourage eating?

☐ YES ☐ NO

If your dog happens to run out of provided food, may we provide allergen-friendly house food for an additional \$5 per day?

☐ YES ☐ NO

## Boarding Add-On's

- |   |  |
|---|--|
| <input type="checkbox"/> Walk \$10                | Ice Cream Treat \$4 <input type="checkbox"/> |
| <input type="checkbox"/> Brain Games \$10         | Lick Mat \$7 <input type="checkbox"/>        |
| <input type="checkbox"/> Individual Playtime \$12 | Pup Cup \$2.50 <input type="checkbox"/>      |
| <input type="checkbox"/> Bedtime Stories \$10     | Retail treat(s) <input type="checkbox"/>     |
| <input type="checkbox"/> Puppy Post Card \$5      |  |

**Service frequency: (daily, specific dates, etc.):**

## Medication Schedule (If Applicable)

☐ **AM:** \_\_\_\_\_  
(Medication name, amount, and how it should be given — pill pocket, with meals, etc.)

☐ **LUNCH:** \_\_\_\_\_

☐ **PM:** \_\_\_\_\_

## Peace of Mind

Would you like to add Peace of Mind Coverage? (\$1 per night)

☐ YES ☐ NO

Peace of Mind is an optional protection program, similar to insurance, that can help to cover up to \$500 in vet expenses if your pet requires unexpected medical attention during their stay.

**Please list any pre-existing medical conditions**

(e.g., allergies, cuts, scrapes, past injuries)

## Grooming

- |   |  |
|---|--|
| <input type="checkbox"/> Bath & Brush           | Nail Trim \$30 <input type="checkbox"/>        |
| <input type="checkbox"/> Full Service Groom     | Ear Cleaning \$10 <input type="checkbox"/>     |
| <input type="checkbox"/> Color Restoration \$8  | Teeth Brushing \$10 <input type="checkbox"/>   |
| <input type="checkbox"/> Deshed Treatment       | Gland Expression \$30 <input type="checkbox"/> |
| <input type="checkbox"/> Face, Feet, Fanny \$35 | Paw Pad trim \$15 <input type="checkbox"/>     |
|   | Sanitary Trim <input type="checkbox"/>         |

**Signature:**

**Date:**