

# 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)

### Medication Schedule (If Applicable)

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

**LUNCH:** \_\_\_\_\_

**PM:** \_\_\_\_\_

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.):

### 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"/> Dashed 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: