

BOARDING CHECK-IN

Pet Name: _____

Drop Off Date: _____

Pick Up Date: _____

Services Requested:

Bath (pricing based on weight) Nail Trim (\$20) Doggy Day Care (\$10 per day)

Medications: _____

Frequency of medications: _____

Did pet have medication today?

Yes If yes, when: _____
 No

Did you bring your pet's food?

Yes Brand: _____
 No *If not, pet will be fed our Kennel Food (Purina Pro Plan EN)

Frequency and amount of feeding: _____

Belongings being left (leash, collar, toys, bedding, etc):

OTHER (vaccines, exams, etc): _____

If your pet were to become ill during their stay, would you like a doctor to give an exam?

Yes
 No
 Call Beforehand

Signature: _____ Phone Number: _____