BOARDING CHECK-IN

Pet Name: _____

Drop Off Date: _____ **Pick Up Date: _____**

Services Requested:

☐ **Bath (pricing based on weight)** ☐ **Nail Trim ($22)** ☐ **Doggy Day Care ($13 per day)**

Medications: _____
if needed, there is a medication administration fee of $4 per pet, per day

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: _____