

# Boarding Check-in Form

Client Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_ Spayed/Neutered: YES NO

Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_ Spayed/Neutered: YES NO

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Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Emergency Contact Name & Phone Number:

\_\_\_\_\_

**Medications: List any medications your pets are taking**

Pet Name:	Medications:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Initial here if your pet(s) have no medications

**Feeding: We feed science diet food. You may use our food or bring your pet's own food. Indicate the frequency and amount you feed your pets below:**

Pet Name:	Amount:	Frequency:
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have multiple dogs boarding together is it ok if they eat together \_\_\_\_\_ yes \_\_\_\_\_ no

**Belongings: Please list below any toys, treats, or belongings you will be leaving with your pet(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_