

Boarding Intake Sheet



Woof! My name is: _____

My breed: (guesses accepted) _____

I will be staying from: _____ to: _____

Someone else picking up? Let us know who and how they will be paying.

- I will be doing: (circle one)
- Free play boarding
 - Individual boarding
 - Free play boarding pending evaluation

Additional services I will be receiving during my vacation: (check all that apply)

- Bath – Weight: _____ Complete By (Date/Time): _____ / _____
Play Okay Afterward? Yes No
- Nail Trim
- Rinse (complimentary) if boarding 5 days or more?

Food/Meds:	<u>AM Food Amount:</u>	<u>PM Food Amount:</u>
	<u>AM Meds:</u>	<u>PM Meds:</u>
Other Food/Meds:		
I have packed the following items with me on my vacation:		

My parent(s) are named:	
They can be reached at:	

Be aware that I have the following health or behavior issues:	
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You may put a blanket in my suite:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If I have not eaten three meals in a row, please add wet food to my meal:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Employee who checked me in: _____

FOR OFFICE USE ONLY

Q:\Forms1\Boarding\Downtown Dogs Boarding Intake - Template.docx

Food – Brand: _____ Size: _____
Flavor: _____