

Boarding Intake Sheet



DOWNTOWN DOGS
daycare + boarding

Woof! My name is: (First) _____ (Last) _____

My breed: (guesses okay) _____

I will be staying from: _____ to: _____ / Pick up time: _____

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

I will be doing:
(check one)

- Free play boarding
- Individual boarding
- Free play boarding pending evaluation

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

- Full-Service Bath – Weight: _____
Play Okay Afterward? Yes No
- Nail Trim
- Rinse (complimentary) if boarding 5 days or more?

Desk Use Only
Date: _____ / Time: _____

Food/Meds:	AM Food Amount:	PM Food Amount:
	AM Meds:	PM Meds:

Other Food/Meds:

I have packed the following items with me on my vacation:

My parent(s) are named:

Phone(s):

My LOCAL emergency contact is:

Phone:

Be aware that I have the following health or behavior issues:

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"/>
I may have treats:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- FLORIDA
- IOWA
- NEW YORK
- VEGAS

FOR OFFICE USE ONLY

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Food – Brand: _____ Size: _____
Flavor: _____