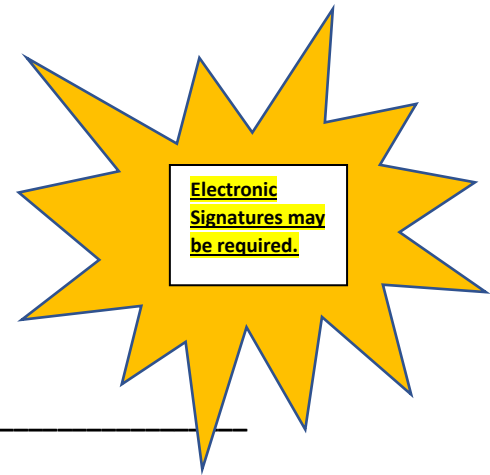


Boarding Check-In Sheet

(ONE PER PET)



Owners Name: _____

Owner's Phone Number: _____

Pet's Name: _____ Breed: _____

Color: _____ Age: _____ Approximate Weight: _____

LOCAL EMERGENCY CONTACT NAME/PH#: _____

Arrival Date: _____ Arrival Time: _____

Departure Date: _____ Departure Time: _____

➡ Has your pet been eating, drinking, urinating, defecating and otherwise acting normally over the last week? **Yes** **No**

If no, please explain changes, even if subtle:

➡ When was the last time your pet was fed? **(Circle One)** **Am** **Pm** **N/A (free feed)**

➡ What food will your pet be eating during their stay? Circle Option below:

Own food or **Puppy pad food (\$3/day)**

If own food, please list Type/Brand- _____

Feeding instructions (**please circle**) - **1 x day** **2 x day** **3x day** **leave out/free-feed**

Amount **PER** feeding (example- **1 cup**, **½ cup**, **own scoop**) _____

➡ If your pet runs out of their own food, is it safe to give them our food as a replacement? **Yes** **No**

Please list any **allergies** your pet has if applicable.

➡ If more than one pet is in the **same** kennel, do they need to be fed separately? **Yes** **No**

Please write any additional feeding instructions here:



Behavior Questions on Reverse Side

Behavior Questions

➔ **Does your pet have any of the following known or new aggressions?**
(circle all that might apply)

Kennel aggression	Leash aggression	Food Aggression	Toy Aggression	Gender Aggression	Dog Aggression
<u>This behavior is presented with anxiety and potential aggression when in the kennel but not when outside of the kennel.</u>	<u>This behavior is presented with anxiety and potential aggression when on the leash but not when off of leash.</u>	<u>This is also known as resource guarding. And can mean that pup will react aggressively towards other dogs or humans when there is food available.</u>	<u>Aggression with other dogs or people when there are toys being played with</u>	<u>A preference towards one gender over another for example: aggression towards people who are male but not people who are female.</u>	<u>Aggression towards other unfamiliar dogs.</u>

➔ **Does your pet have any of the following tendencies?**
(Circle all that apply)

Fence Jumping Food Gobbling Nervous Chewing Escape Artist

Is there anything else we should know about your pet? (Behavior, Temperament, etc.)

-

➔ **Add-On Activities**
(Circle all desired activities)

Daycare Peanut Butter Kong 1-on-1 Time Outdoor Walks
Grooming Large Boarding Treat Package Small Boarding Treat Package

Notes for Add-On Activities: **(to be filled out by Reception)**

Medication and Medical Conditions

(If not applicable to your pet, skip this section and sign and date at bottom of page)

➔ Does your Pet have any **medical issues** we should know about? **Yes** **No**

If yes, what is the condition(s) name and symptoms he/she may display-

➔ Please list any medications or supplements your pet will need while boarding:

Medication/Supplement Name	Dosage	Frequency	Time Last Given

➔ What is the best way your pet takes the medications? (Example: wet food, pill pocket etc.)

➔ **If your pet is refusing to take their oral medication, would you like us to force them to take the pill by placing the pill at back of throat and waiting for them to swallow to ensure they get their medication?**

Yes No

Please sign and date –

➔ Signature _____ Date _____

Thank you!

Please return form to staff for review and to complete check in process