



Dog's Name:

Boarding Check-In Form

General Information: Circle the best option, a staff member will review this information and answer any questions.

Is your pet current on a flea and tick preventative? Yes No (Required, \$15/dose)

Does your pet have any current medical issues/illnesses in the past 30 days? No Yes: _____

Any existing cuts, scrapes, lumps or eye/nose discharge? No Yes: _____

Instructions for medications: _____

Does your pet have any aggression issues? None Males/Females Other Dogs Food Toys

Can your pet interact with other pets during its stay? No Yes

If yes, how does your dog interact with other pets? Dominant Submissive Hyper/Playful Not sure*

*Dogs that have not been regularly socialized with other dogs will not be included in group play sessions

Please list any belongings you wish returned: _____

Feeding Instructions:

Does your pet have any allergies? No Yes: _____

Can we feed your pet treats? No Yes Owner's Only

Can we add wet food if your pet is not eating? No Yes Chicken Broth Only

What should we do if your pet runs out of food? Kennel's Beneful Owner's Diet: _____ (\$5 fee)

Separate multiple pets for feeding? Yes No N/A

Is there anything else you feel we should know? _____

Discharge Instructions:

Do you want your pet groomed on check out day? Yes No

Planned departure time: _____ Who will be picking up your pet? _____

Special Grooming Instructions: _____

For Office Use: Checked in by: _____

Fleas? Yes No Flea Dirt

Other Observations: _____