

# Boarding Check-In

Pet Name \_\_\_\_\_ Client Name \_\_\_\_\_

Check in date/ time \_\_\_\_\_ Check out date/time \_\_\_\_\_

**Emergency contact numbers (more than one if possible):**

\_\_\_\_\_

**If you cannot be reached, please provide the name and contact information of another individual able to authorize treatment:**

\_\_\_\_\_

**Would you prefer (choose one please):**

**Daily Comfort Call? Phone #** \_\_\_\_\_ **Time zone you will be in** \_\_\_\_\_

**Daily Text Message? Cell#** \_\_\_\_\_

**Check which food your pet will be eating:**

Our Food (Hill's Sensitive Stomach)

Your own food (brought from home) Type: \_\_\_\_\_

**How much food is fed daily (in cups)** \_\_\_\_\_

**Special dietary information:** \_\_\_\_\_

**List any medications your pet is currently on: (Additional \$8.00/day for medication administration)**

\_\_\_\_\_

**Please note any personal belongings left with your pet:**

Collar \_\_\_\_\_

Carrier \_\_\_\_\_

Leash \_\_\_\_\_

Other \_\_\_\_\_

Bed \_\_\_\_\_

Other \_\_\_\_\_

Blanket \_\_\_\_\_

**Owner**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Technician will check the pet's ears, and skin for any noticeable signs of fleas, infection, cuts, scrapes, or scabs. Technician will initial next to each when checked.**

Ears: \_\_\_\_\_ Skin: \_\_\_\_\_ Free of Fleas: \_\_\_\_\_ Free of Ticks: \_\_\_\_\_ Free of visible parasites: \_\_\_\_\_

\*If flea dirt or activity is present, Capstar (\$5.00) will be give prior to entering the housing area

**Weight of pet at check-in** \_\_\_\_\_ **Weight of pet at check-out** \_\_\_\_\_

**Pet and belongings checked in by** \_\_\_\_\_