

BOARDING CHECK-IN SHEET

Patient Name: _____ Owner: _____ Date of arrival: _____

Date and Time of Pick-up: _____ Contact #: _____

- E-mail: _____ (We will send you daily photos of your pet)

Exercise / Preventatives / Concerns:

Is your pet on **flea/tick** prevention? Y N What kind? _____

Last given: _____

*** If pet is not current on flea/tick prevention, a dose will begin upon arrival at your expense**

Is your pet on any **medications** that will need to be administered during their stay?

Any **conditions** you would like us to be aware of and monitor?

Any **concerns** that you would like the doctor to check out?

May we feed your pet **milk bones, peanut butter, and/or cheese**?

Are there any additional services you would like to be performed while here? (nail trims, baths, anal glands, etc.) Y N If so list here _____ ***Note there will be a charge for any of these services**

DOGS ONLY:

Can your dog play off leash in the fenced in yard? Y N

Can your dog play with other animals? Y N

If your dog has never been around other animals, would you like us to assess how they behave and relay that information to you? Y N

Will your dog chew blankets or towels if left in cage? Y N

Did you bring your own food? Y N If so please give us instructions as to how you normally feed

