

## Check-In

Owner's Name: \_\_\_\_\_ Pet (s) Name: \_\_\_\_\_

Owner's Contact Number: \_\_\_\_\_ 2<sup>nd</sup> Pet Name: \_\_\_\_\_

Pick-up Date: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Would you like your pet to have a **bath** on the day of departure? **Please circle one: YES or NO**  
(price range is between \$20 - \$75 depending on the size of the dog)

Would you like to add your dog to group play (doggie daycare) while he/she is staying with us – for \$ 10 per day.  
**Please circle** the days you want your pet in daycare. *Monday Tuesday Wednesday Thursday Friday*

### Feeding Instructions:

When is your pet fed? Breakfast \_\_\_\_\_ Amount of food per feeding: \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_  
Free Choice \_\_\_\_\_ (Food is put down in AM and left until 8PM)

**There will be a charge if your pets food has not been separated per meal (initials) \_\_\_\_\_**

Name of flea preventative given: \_\_\_\_\_ Date last given: \_\_\_\_\_  
**(Please note: if you leave this blank, your pet will be given a Capstar at your expense)**

If your pet has loose stool we will contact Dr. Bohanon for medication (initials) \_\_\_\_\_

Does your pet require any medication during his/her stay with us? **Please circle one: YES or NO**

## MEDICATIONS LIST

**ALL MEDICATIONS MUST BE LISTED WITH THE CORRECT DOSAGE INFORMATION.** Please ask for an additional form if you have more than three medications.

Name of medicine \_\_\_\_\_ Dosage Amount \_\_\_\_\_

What is this for? \_\_\_\_\_ Dosage Time **(Circle)** Morning Afternoon Evening

Name of medicine \_\_\_\_\_ Dosage Amount \_\_\_\_\_

What is this for? \_\_\_\_\_ Dosage Time **(Circle)** Morning Afternoon Evening

Name of medicine \_\_\_\_\_ Dosage Amount \_\_\_\_\_

What is this for? \_\_\_\_\_ Dosage Time **(Circle)** Morning Afternoon Evening



# FOOD PREPARATION FOR BOARDING



Please bring a separate Ziploc bag,  
labeled like above,  
for **EACH MEAL**.

*Additional charges will apply if food is not packaged correctly.*