

DOG RANCH BED & BISCUIT

Boarding Check In Sheet

Dogs First & Last Name: _____

Arrival Date: _____ Departure Date: _____ Time: _____ (day care charges

*Please note we are closed on Sundays and all major holidays for check in & check out apply after 10am)

Current Vet Hospital: _____

Emergency Contact: _____

ACCOMODATIONS:

Glass Suite \$75 (1 dog)/\$134 (2 dogs) _____ Crate \$65 (1 dog)/\$114 (2 dogs) _____ Deluxe \$87 (1 dog)/\$156 (2 dogs) _____

Would you like your dog to have a mid-day break? Yes ___ No ___

FEEDING:

Are you providing your dog's own food? Yes ___ No ___ (if no, we offer dry food at \$2-3 per meal)

What type of food? Dry _____ Wet _____ Frozen _____ Dehydrated _____

Please list the brand of food (s) _____

How often do they eat? AM _____ Lunch _____ PM _____

How much per meal? _____

Please list treats you are providing: _____

If your dog is not eating, can we add canned food to their meal? Yes ___ No ___

Is it okay to feed your dog **Solid Gold Lamb & Rice** if they run out of food? Yes ___ No ___

Is it okay to feed your dog **Rx Vitamins Clay** if their stool is irregular? Yes ___ No ___

MID-STAY REQUESTS (please specify quantities):

Ball Play \$10 _____ Extra Attention Time \$10 _____ Bath \$35-45 _____ Brush Out \$5-15 _____

Teeth Brushing \$5 _____ Massage \$50-\$60 _____ Reiki \$45 _____ PEMF _____

Duck Neck \$3 _____ Pig Ear \$4 _____ Bully Stick \$6 or \$15 _____ Pork Chew \$6 _____

Physiotherapy/Bodywork by **SoundEquineAndCanine.com** _____

MEDICATIONS/SUPPLEMENTS:

Does your dog have any medication or supplements? Yes ___ No ___

#1 Medication/Supplement name: _____

Frequency needed: AM _____ Lunch _____ PM _____ As Needed _____

Quantity/Notes: _____

#2 Medication/Supplement name: _____

Frequency needed: AM _____ Lunch _____ PM _____ As Needed _____

Quantity/Notes: _____

#3 Medication/Supplement name: _____

Frequency needed: AM _____ Lunch _____ PM _____ As Needed _____

Quantity/Notes: _____

If your dog is having anxiety issues, can we give them CDB or Progility Calming Chew \$2? Y ___ N ___

Additional meds/allergies/health concerns: _____

DESCRIPTION OF BELONGINGS (please name everything):

Bedding: _____ DESCRIPTION _____ Blankets: _____ DESCRIPTION _____

Toys: _____ DESCRIPTION _____ Other: _____ DESCRIPTION _____

GROOMING:

Please check any desired services.

Bath (includes ear cleaning and a nail trim) _____ Haircut (confirm details with office) _____

Furminator \$20-30 _____ Dematt \$10-30 _____ Teeth Brushing \$5 _____

Medicated Foot Soak \$10 _____ Extra Conditioning \$10 _____

Medicated Shampoo \$10-15 _____ Nail Grind \$20 _____ Nail Trim (included with bath) \$15 _____

Any additional requests/notes? _____

Parent Signature: _____

Date: _____