

# DOG RANCH BED & BISCUIT

## Boarding Check In Sheet (boarding check-in time by 12pm)

Dogs First & Last Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ (day care charges apply after

\*Please note we are closed on Sundays and all major holidays for check in & check out 10am or 11am with a bath)

Current Vet Hospital: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

### ACCOMODATIONS:

Glass Suite \$87 (1 dog)/\$166 (2 dogs) \_\_\_\_\_ Crate \$75 (1 dog)/\$144 (2 dogs) \_\_\_\_\_ Deluxe \$103 (1 dog)/\$200 (2 dogs) \_\_\_\_\_

Would you like your dog to have a midday break? Yes \_\_\_ No \_\_\_

### FEEDING:

Are you providing your dog's own food? Yes \_\_\_ No \_\_\_ (if no, we offer dry food at \$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 \$15/20 \_\_\_\_\_ add dates \_\_\_\_\_ Extra Attention Time \$15/20 \_\_\_\_\_ add dates \_\_\_\_\_

Teeth Brushing \$5 \_\_\_\_\_ add dates \_\_\_\_\_ Brush Out \$5-15 \_\_\_\_\_ add dates \_\_\_\_\_

Brush Out \$5-15 \_\_\_\_\_ add dates \_\_\_\_\_ Massage \$50-\$60 \_\_\_\_\_ add dates \_\_\_\_\_ Reiki \$45 \_\_\_\_\_ add dates \_\_\_\_\_

Duck Neck \$5 \_\_\_\_\_ quantity \_\_\_\_\_ Pig Ear \$4 \_\_\_\_\_ quantity \_\_\_\_\_ Bully Stick \$9 or \$18 \_\_\_\_\_ quantity \_\_\_\_\_ Pork Chew \$3 \_\_\_\_\_ quantity \_\_\_\_\_



## 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 (performed on the day of departure).

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

Furminator \$20-30 \_\_\_\_\_ Dematting \$10-30 \_\_\_\_\_ Teeth Brushing \$5 \_\_\_\_\_

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

Medicated Shampoo \$10-15 \_\_\_\_\_ Nail Grind \$25 \_\_\_\_\_ Nail Trim (included with bath) \$20 \_\_\_\_\_

**\*\*\*All dogs must be current on their monthly day care and vaccines & fecal/giardia test to board. If vaccines/tests are expired, you agree to pay to have them updated and an office exam may apply (credit card on file will be charged). In addition, you will be charged for any missing day care (full day).\*\*\*\*prices subject to change**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_