

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)

*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 \$82 (1 dog)/\$156 (2 dogs) _____ Crate \$70 (1 dog)/\$134 (2 dogs) _____ Deluxe \$98 (1 dog)/\$190 (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 \$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 \$7 or \$15 _____ *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 _____ Dematt \$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 _____

Any additional requests/notes? _____

Parent Signature: _____

Date: _____