

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 \$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 _____

*****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 (credit card on file will be charged). In addition, you will be charged for any missing day care (full day).*****

Parent Signature: _____

Date: _____