

# 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 quantity or date(s)):

Ball Play \$10 \_\_\_\_\_ add dates \_\_\_\_\_ Extra Attention Time \$10 \_\_\_\_\_ 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 \$3 quantity Pig Ear \$4 quantity Bully Stick \$6 or \$15 quantity Pork Chew \$6 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 \$20 \_\_\_\_\_ Nail Trim (included with bath) \$15 \_\_\_\_\_

Any additional requests/notes? \_\_\_\_\_

\_\_\_\_\_

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

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