



~Boarding Check-in Return Visit~

**Please note: if there are any changes to your Meals or Medical Needs, you will need to fill out a new Full Check-in Form

Dog Name : _____

Drop-off Date: _____ Time: _____ Pick-up Date: _____ Time: _____

Meals: Are there any changes to your dog's feeding schedule since your last visit? yes no

Medical Needs: Are there any changes to your dog's medical needs since your last visit? yes no

Grooming: Please indicate any grooming service you would like? All boarding clients receive a **15% discount.**

Spa Bath Basic Bath De-shedding Nail Trim & Buff Ear Cleaning Fresh Breath Treatment Teeth Brushing -----

Please list any possessions your pet has for their stay (list and describe): _____

Is there anything else we need to know about your dog to help them have an enjoyable stay with us?

Owner Name

Signature

Date

Phone

Please list an Emergency Contact and Phone Number for this stay: _____