

Boarding Check-in



Boarding Information: Dog Name : _____

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

Has your dog been sick (coughing, sneezing, lack of appetite, lethargic, etc) in the last 7-10 days? yes no

Has your dog been exposed to any sick dogs in the last 7-10 days? yes no

Do you want your dog evaluated and added to a playgroup (if appropriate) during their stay? yes no

Dogs in Playgroups: I understand that if at any time Bing's Boarding staff determines that my dog needs to return to his/her boarding accommodation due to behavior concerns, signs of stress or fatigue, or other reasons identified by staff, my dog will be retired to their kennel and returned to the playgroup when deemed appropriate. _____ (owner's initials)

Meals:

Will your dog have their own food with them? yes no What meals does your dog eat? Breakfast Lunch Dinner

If sharing a kennel, do your dogs need to be fed separately? yes no (\$5 day charge for feeding separately) _____ (owner's initials)

How much do they eat? Please write down *specific* instructions: _____

I understand that if my dog runs out of their food, Bing's Boarding will supply food at an additional cost of \$5/day. _____ (owner's initials)

Medical Needs:

No medical needs

Medication: Does your dog require medication/supplements? yes no *If yes, please fill out medication sheet

Special Care:

Does your dog require any special medical care? yes no

Please describe specific care needs: _____

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 number where you can be reached

Emergency contact & Phone number