



Camano Island Kennels Boarding Check-In Sheet

Dog's First and Last Name: _____

Breed: _____ Check-In Date: _____ Check-Out Date: _____

Current Veterinary Hospital: _____ Emergency Contact: _____

FEEDING

Did you bring their own food? YES / NO

What type of food? Wet / Dry / Dehydrated / Treats / Other: _____

MEDICATIONS

Does your dog have medications? YES / NO

If they have a pill, is it OK to put it in their food? YES / NO

If NO, how should we administer? _____

<p>#1 Medication Name: _____ Topical / Oral / Subcutaneous Frequency Needed: AM / Lunch / PM / As Needed Quantity / Notes: _____ _____</p>	<p>#3 Medication Name: _____ Topical / Oral / Subcutaneous Frequency Needed: AM / Lunch / PM / As Needed Quantity / Notes: _____ _____</p>
<p>#2 Medication Name: _____ Topical / Oral / Subcutaneous Frequency Needed: AM / Lunch / PM / As Needed Quantity / Notes: _____ _____</p>	<p>#4 Medication Name: _____ Topical / Oral / Subcutaneous Frequency Needed: AM / Lunch / PM / As Needed Quantity / Notes: _____ _____</p>

Owner Signature: _____ Date: _____