

# Boarding Overnight Check-In

Please complete a separate check-in form for each dog.



**DOG NAME:** \_\_\_\_\_

Arrival Day/Date: \_\_\_\_\_ Arrival Time 9am-4pm: \_\_\_\_\_

Departure Day/Date: \_\_\_\_\_ Departure Time 9am-4pm (7pm on weekends): \_\_\_\_\_

If you have 2 or more dogs, can they **EAT** in the **SAME ROOM**? YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_

Response MUST be YES to stay in the same room.

If you have 2 or more dogs, are they okay to **SHARE A ROOM**? YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_

Must be able to eat together in the same room to stay overnight in the same room.

**FEEDING INSTRUCTIONS:** (Example: 1 Cup Dry Food, ½ Can, Add Water, Slow-Feeder, etc.)

Breakfast @ 7AM: \_\_\_\_\_

Lunch @ 12:45PM: \_\_\_\_\_

Dinner @ 5PM: \_\_\_\_\_

**MEDICATION INSTRUCTIONS:** **NO MEDICATIONS** ☐

Please send medications in the original packaging. We will not administer meds "as needed."

1. Medication Name: \_\_\_\_\_ Date/Time of last dose: \_\_\_\_\_

With Food? YES NO

Use Pill Pocket? YES NO OTHER \_\_\_\_\_

Breakfast time: YES NO

Lunch time: YES NO

Dinner time: YES NO

2. Medication Name: \_\_\_\_\_ Date/Time of last dose: \_\_\_\_\_

With Food? YES NO

Use Pill Pocket? YES NO OTHER

Breakfast time: \_\_\_\_\_

Lunch time: \_\_\_\_\_

Dinner time: \_\_\_\_\_

3. Medication Name: \_\_\_\_\_ Date/Time of last dose: \_\_\_\_\_

With Food? YES NO

Use Pill Pocket? YES NO OTHER

Breakfast time: \_\_\_\_\_

Lunch time: \_\_\_\_\_

Dinner time: \_\_\_\_\_

\*\*\*If any medication above is **insulin**, please choose one of these options.\*\*\*

If they <u>do not eat</u> their food:	Full Dose	Half Dose	No Dose
If they <u>eat half</u> of their food:	Full Dose	Half Dose	No Dose

**ADDITIONAL INSTRUCTIONS/NOTES:**