

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, 1/2 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 do not eat their food:	Full Dose	Half Dose	No Dose
If they eat half of their food:	Full Dose	Half Dose	No Dose

ADDITIONAL INSTRUCTIONS/NOTES: