



# Boarding Check-In

*Please complete a separate form for each dog.*

**Arrival Date:** \_\_\_\_\_ **Arrival Time (9AM-4PM):** \_\_\_\_\_

**Weekends (9AM-7PM):** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Departure Time (9AM-4PM):** \_\_\_\_\_

**Weekend (9AM-7PM):** \_\_\_\_\_

**Dog Name:** \_\_\_\_\_

**Owner Name + Phone Number:** \_\_\_\_\_

**Feeding Instructions:** (Example: 1 Cup dry, ½ Can, refrigerate can, etc.)

**Breakfast 7AM:** \_\_\_\_\_

**Lunch 12:45PM:** \_\_\_\_\_

**Dinner 5PM:** \_\_\_\_\_

**\*MEDICATIONS ON SECOND PAGE\***

**If you have 2 or more dogs, are they okay to share a bedroom?**

*(Can the dogs eat together in the same room? Response MUST be YES to stay in the same room.)*

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_ **N/A:** \_\_\_\_\_



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**Medication:** All medications must be in the original packaging with current/exact instructions.

**NO MEDICATIONS**

1. Medication Name:

Dosage:		With Food?
Time: AM:	Mid-day:	PM:
Date/Time last dose given?		

2. Medication Name:

Dosage:		With Food?
Time: AM:	Mid-day:	PM:
Date/Time last dose given?		

3. Medication Name:

Dosage:		With Food?
Time: AM:	Mid-day:	PM:
Date/Time last dose given?		

If any medication above is insulin, please circle one of the below options:

If they <u>do not</u> eat 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:

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*As the owner/agent of the above listed dog, I acknowledge that all information on this application is complete and accurate to the best of my knowledge. I recognize that Paw Plaza, LLC will make every effort to return all belongings in the same condition as they arrived, however there is a risk that belongings may be damaged, destroyed or misplaced. In the case of an emergency, I authorize Paw Plaza, LLC, and its agent(s) to initiate care and/or bring my dog(s) to our veterinary practice. I am aware and authorize that if my veterinarian is not available, my dog(s) will be taken to a local veterinarian.*

**Owner/Agent Signature:**

**Date:**

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