



# Boarding Check-In

Arrival date: \_\_\_\_\_ time: \_\_\_\_\_ Departure date: \_\_\_\_\_ time: \_\_\_\_\_

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

Owner Name(s): \_\_\_\_\_

***Please complete a separate form for each dog.***

**Food:** *Example: 1 cup dry, ½ can, refrigerate can*

Morning: \_\_\_\_\_

Mid-day: \_\_\_\_\_

Evening: \_\_\_\_\_

*(If you do not provide food, we use a basic dog food.)*

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

1) Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ With food? \_\_\_\_\_

Reason: \_\_\_\_\_

Time: \_\_\_\_\_ AM \_\_\_\_\_ mid-day \_\_\_\_\_ PM

Date/time last dose given? \_\_\_\_\_

2) Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ With food? \_\_\_\_\_

Reason: \_\_\_\_\_

Time: \_\_\_\_\_ AM \_\_\_\_\_ mid-day \_\_\_\_\_ PM

Date/time last dose given? \_\_\_\_\_

3) Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ With food? \_\_\_\_\_

Reason: \_\_\_\_\_

Time: \_\_\_\_\_ AM \_\_\_\_\_ mid-day \_\_\_\_\_ PM

Date/time last dose given? \_\_\_\_\_



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Would you like your dog to play with other dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

May your dog have Paw Plaza all-natural treats? Yes \_\_\_\_\_ No \_\_\_\_\_

Complimentary bath (minimum 10 nights): Accept \_\_\_\_ Decline \_\_\_\_

*After boarding for a minimum of 10 nights, Paw Plaza will provide a complimentary departure Full Bath service. If you would like additional grooming, we would be more than happy to schedule a grooming appointment during the boarding visit. Please see our grooming service list for options.*

**Additional instructions/notes:**

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**List of belongings:**

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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 belonging may be damaged, destroyed or misplaced.*

*In case of emergency, I authorize Paw Plaza, LLC, and its agent(s) to initiate care and/or bring my dog(s) to our veterinary practice as deemed necessary. 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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