



Snug Pet Resort

Boarding Check In Sheet

Owners Name: _____ Dog(s) Name(s): _____

Check In Date: _____ Check Out Date: _____

My pet(s) is here for: ☐ Boarding ☐ In Kennel Training

Phone number to contact you during your pets stay: _____

Emergency Contact: _____ Number: _____

My Dog(s) is current on:			
<input type="checkbox"/> Rabies	<input type="checkbox"/> DHLPP	<input type="checkbox"/> Bordetella (in the past 6 months)	<input type="checkbox"/> Negative Fecal test for parasites
My Dog _____ needs:			
<input type="checkbox"/> Rabies	<input type="checkbox"/> DHLPP	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Fecal Test

Feeding instructions: Using ☐ Own food (no charge) ☐ Our food (\$2 per feeding)

Brand of food: _____ Amount Fed: _____ Cup(s) Times a Day: _____

While my dog(s) stay I would like them to have:

☐ Group Play Time (\$8 each time) ☐ Daily ☐ Every other day ☐ Certain Date(s): _____

☐ Daycare (\$16 each day) ☐ Daily ☐ Every other day ☐ Certain Date(s): _____

☐ Pool Time (\$15 each time) ☐ Daily ☐ Every other day ☐ Certain Date(s): _____

☐ TLC (\$8 each time) ☐ Daily ☐ Every other day ☐ Certain Date(s): _____

☐ Individual Play Time (\$10 each time) ☐ Daily ☐ Every other day ☐ Certain Date(s): _____

☐ Maintenance Training (for those who went through our training program)

Does your dog have any current medical conditions we should be aware of? ☐ Yes ☐ No

If yes, please

explain: _____

☐ While my dog is staying he/she will be on medication(s). (\$2 per administration)

Medication name and strength _____ times a day: _____

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Medication name and strength _____ times a day: _____

Please list all belongings you are leaving with your pet:

Office use only:

Weight:_____ Dorm Assignment:_____ Needs Eval:_____

Entered into Computer:_____ Medical Flag:_____ Receptionist on check