



Boarding Sign-In Form

BOARDING DATES/TIMES



Today's Drop Off

Date: _____
Time: _____

Estimated Pick Up

Date: _____
Time: _____

CONTACT INFORMATION

Owner Contact Information

Name: _____
Phone Number: _____
Email: _____

Additional Contact Information

Contact Preference: Phone Text Email Out of Country
Name of Person(s) Authorized to Pick Up: _____

Emergency Contact Information

Name: _____
Phone Number: _____
Relationship To Owner: _____

Vet Information

Primary Vet: _____
Vet Care Cost Limit: _____

Per our agreements we reserve the right to take your pet to the vet should there be any complications during their stay.

PET CARE INSTRUCTIONS

Pet Name				Pet Name			
Food Source	Owner Provided	Cat Wet Food		Food Source	Owner Provided	Cat Wet Food	
	Hills Science: Chicken	Cat Dry Food			Hills Science: Chicken	Cat Dry Food	
	Taste of the Wild: Salmon (Grain Free)				Taste of the Wild: Salmon (Grain Free)		
Meal Schedule	AM	LUNCH	PM	Meal Schedule	AM	LUNCH	PM
Amount (cups)				Amount (cups)			
Additional Feeding Instructions				Additional Feeding Instructions			
Does this pet get treats during their stay?				Does this pet get treats during their stay?			
YES NO <i>If yes, when?</i> _____				YES NO <i>If yes, when?</i> _____			
Please check all meals that this pet has already eaten today:				Please check all meals that this pet has already eaten today:			
AM LUNCH PM				AM LUNCH PM			
Does this pet require any medication/supplements during their stay?				Does this pet require any medication/supplements during their stay?			
YES NO <i>If yes, please also complete a Medication Form</i>				YES NO <i>If yes, please also complete a Medication Form</i>			
Does this pet have any allergies we should be aware of?				Does this pet have any allergies we should be aware of?			
YES NO <i>Please specify:</i> _____				YES NO <i>Please specify:</i> _____			
Is this pet OK to go in the pool? YES NO				Is this pet OK to go in the pool? YES NO			
Has this pet had any changes in health since their last stay?				Has this pet had any changes in health since their last stay?			
YES NO <i>If yes, please also complete a Supplemental Intake Form</i>				YES NO <i>If yes, please also complete a Supplemental Intake Form</i>			
If your dog is not finishing all of their meals, please specify which of the following "belly bribes" you give us permission to use:				If your dog is not finishing all of their meals, please specify which of the following "belly bribes" you give us permission to use:			
Chicken Broth	Chicken Meal Mixer	Peanut Butter		Chicken Broth	Chicken Meal Mixer	Peanut Butter	
Plain Yogurt	Salmon Meal Mixer	Pumpkin		Plain Yogurt	Salmon Meal Mixer	Pumpkin	
Cheese	Purina Wet Food	None		Cheese	Purina Wet Food	None	

Any Additional Notes

Sign In Confirmation

Client Signature: _____ Today's Date: _____

Sign Out Confirmation

Client Signature: _____ Today's Date: _____



ADDITIONAL PETS

Pet Name			
Food Source	Owner Provided Hills Science: Chicken Taste of the Wild: Salmon <i>(Grain Free)</i>	Cat Wet Food Cat Dry Food	
Meal Schedule	AM	LUNCH	PM
Amount (cups)			
Additional Feeding Instructions			
Does this pet get treats during their stay?			
YES NO <i>If yes, when?</i> _____			
Please check all meals that this pet has already eaten today:			
AM LUNCH PM			
Does this pet require any medication/supplements during their stay?			
YES NO <i>If yes, please also complete a Medication Form</i>			
Does this pet have any allergies we should be aware of?			
YES NO <i>Please specify:</i> _____			
Is this pet OK to go in the pool? YES NO			
Has this pet had any changes in health since their last stay?			
YES NO <i>If yes, please also complete a Supplemental Intake Form</i>			
If your dog is not finishing all of their meals, please specify which of the following "belly bribes" you give us permission to use:			
Chicken Broth	Chicken Meal Mixer	Peanut Butter	
Plain Yogurt	Salmon Meal Mixer	Pumpkin	
Cheese	Purina Wet Food	None	

Pet Name			
Food Source	Owner Provided Hills Science: Chicken Taste of the Wild: Salmon <i>(Grain Free)</i>	Cat Wet Food Cat Dry Food	
Meal Schedule	AM	LUNCH	PM
Amount (cups)			
Additional Feeding Instructions			
Does this pet get treats during their stay?			
YES NO <i>If yes, when?</i> _____			
Please check all meals that this pet has already eaten today:			
AM LUNCH PM			
Does this pet require any medication/supplements during their stay?			
YES NO <i>If yes, please also complete a Medication Form</i>			
Does this pet have any allergies we should be aware of?			
YES NO <i>Please specify:</i> _____			
Is this pet OK to go in the pool? YES NO			
Has this pet had any changes in health since their last stay?			
YES NO <i>If yes, please also complete a Supplemental Intake Form</i>			
If your dog is not finishing all of their meals, please specify which of the following "belly bribes" you give us permission to use:			
Chicken Broth	Chicken Meal Mixer	Peanut Butter	
Plain Yogurt	Salmon Meal Mixer	Pumpkin	
Cheese	Purina Wet Food	None	



BROUGHT ITEMS

Our Lodge team will take care of this section for you. Just hand your pet's items over to us and we will take care of the rest!

Medication		Blanket/ Bedding	
Bag		Toys	
Food		Other	



LODGE STAFF REVIEW

Form Reviewed By: _____

PetExec Sign-In By: _____

Double-Checked By: _____