

Owners Name & Phone Number

BOARDING CHECK-IN FORM

Boarding Rates \$34 per night, per dog

Final Day: Dogs picked up after 11am will incur a \$14 daycare fee.

DROP OFF & PICK UP TIMES:

Mon-Fri 7am-6pm, Sat & Sun 8-9am & 4-5pm

We require current vaccinations, including Rabies & Bordetella.

Bordetella must be administered every 6 months for Boarding and Daycare

PET PARENT INFORMATION

OOG NAME	BREED			COLOR	DR			
Is this the first time your dog has board	hed at Sha	ggy Hound	12				Yes	No
DOG NAME	BREED			COLOR			NO	
								T
Is this the first time your dog has board Can they sleep together?	ded at Sha	ggy Hound	1?				Yes Yes	No No
can they sleep together:							163	INO
DROP OFF DAY AND DATE			PICKUP D	PICKUP DAY, DATE & TIME				
							AM	PM
Due to the spaces avail	able & stat	ff scheduli	ing requirem	ents. all dav	s booked m	nust be paid f	or.	<u> </u>
•			appreciate			•	- ,	
even if you pick up	p ,							
even it you pick up Luggage - Plea		· · · · · · · · · · · · · · · · · · ·	all items tha					
Luggage - Plea	se list and	describe	all items tha toys includin	t are accom	panying yo	ur pet:		
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Luggage - Plea For the sa	se list and fety of you	describe aur dog, no	toys includin	t are accom	panying yo	ved	2	2
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Luggage - Plea For the sa FEEDING INSTRUCTIONS \$12 bagging fee if not prepackaged Owners Food or Shaggy Hound Fo	se list and fety of you ood neal	I describe aur dog, no Cups p	toys includin	t are accom	panying yo es are allov	ved	2 Lunch	_
Luggage - Plea For the sa FEEDING INSTRUCTIONS \$12 bagging fee if not prepackaged Owners Food or Shaggy Hound Fo (please circle) SH Food is \$1.50/cup/n	se list and fety of you	I describe aur dog, no Cups p	toys includin	t are accom	panying yo	ved		_
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GENERAL HEALTH AND WELLBEING	Yes	No							
Is your pet current on a flea and tick preventative?									
Does your pet have any current medical issues or illnesses in the past 30 days. Includin	g any existing								
coughing or sneezing, runny nose or eyes?	8 4 9								
Does your dog have any allergies?									
Is your dog allergic to peanut butter?									
Are we allowed to give your dog peanut butter?									
Are we allowed to give your dog Benadryl if necessary?									
Please list or describe anything relating to your dog's health, no matter how minor	L								
rease list of describe anything relating to your dog's health, no matter now million									
CHECK OUT GROOM									
Would you like your dog to finish their vacation with a spa treatment? (Please check the	ne service below)								
Service	Yes	No							
Mini Groom - Includes: bath, nail trim, ear cleaning, brush, and fluff dry, sanitary, and anal glar	nds.								
Subject to Appointment Availability.									
Full Groom - Includes mini groom service plus haircut and style									
The below services are available as add-on to full or mini grooms									
Brush Teeth									
Extras (the following services without a mini or full groom)									
Nail Trim									
Anal glands									
EMERGENCY CONTACT									
Vet Clinic Name & Phone Number									
Emergency Contact, Name and Phone Number									
Your pet's health and happiness is our primary concerns. If the animal attendant notice a medical problem they		•							
An emergency contact number must be provided upon check-in. The emergency contact must be an adult, capable of making decisions regarding your pet's									
health. Please note, whomever you choose as your emergency contact, they are authorized to make medical decisions for your pet. You will assume all financial responsibilities for approved medical services provided during your pet's stay. Should a life threatening (critical) medical condition occur during their stay, and									
attempts to reach your emergency contact are unsuccessful, your pet will be taken to the veterinarian with the first available appointment. You will be									
responsible for all medical charges associated with the management of this event. We do not take responsibility for the loss or damage to any luggage that is									
brought into our facility. Dates booked must be paid for, even if your plans change and you need to pick up early.									
Client Signature	Date	-							
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OFFICE USE ONLY VACCINATIONS CURRENT	CHECKED IN BY								