



# BOARDING CHECK IN SHEET:

\*highlighted fields are mandatory

**Dog's First and Last name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Check in Date:** \_\_\_\_\_ **Check out Date:** \_\_\_\_\_

**Current Veterinary Hospital:** \_\_\_\_\_ **Emergency contact:** \_\_\_\_\_

## FEEDING:

**Did you bring in their own food? YES / NO** (if no, we offer both dry and wet food for \$2 per meal)

**What type of food?** dry / wet / dehydrated / treats/ other: \_\_\_\_\_ **How often do they eat?** AM / lunch / PM

**How much per meal?** \_\_\_\_\_

**Circle any of these additions you would like us to try (at no additional charge) if your dog is not eating**

grated parmesan cheese / shredded lamb roll / chicken broth / pumpkin puree/NONE-DO NOT ADD TO MY DOGS FOOD

## MEDICATIONS:

**Does your dog have any medications? YES / NO**

**If they have a pill, is it okay to put it in their food? YES/NO**

**If NO, how should we administer?**

**#1 Medication name:** \_\_\_\_\_

**#2 Medication name:** \_\_\_\_\_

Topical / Oral/ Subcutaneous

Topical / Oral/ Subcutaneous

Frequency needed: AM / Lunch / PM/ As needed

Frequency needed: AM / Lunch / PM/ As needed

Quantity/Notes: \_\_\_\_\_

Quantity/Notes: \_\_\_\_\_

**#3 Medication name:** \_\_\_\_\_

**#4 Medication name:** \_\_\_\_\_

Topical / Oral/ Subcutaneous

Topical / Oral/ Subcutaneous

Frequency needed: AM / Lunch / PM/ As needed

Frequency needed: AM / Lunch / PM/ As needed

Quantity/Notes: \_\_\_\_\_

Quantity/Notes: \_\_\_\_\_

**Additional meds/allergies/health concerns:** \_\_\_\_\_

### Bone Home

1629 Superior Avenue | Costa Mesa, CA 92627  
Phone 949.650.2692 | Fax 949.650.2697

### Bone Backyard

2700 Bristol Street | Costa Mesa, CA 92626  
Phone 714.604.1414 | Fax 714.444.2664

Hours: 6:30am- 8:00pm every day of the year.



# BOARDING CHECK IN SHEET:

## GROOMING:

**\*\*ALL GROOMING SERVICES MUST BE CONFIRMED WITH STAFF FOR AVAILABILITY:**

Please circle desired grooming services (please note our standard spa'w bath includes nail trim, ear cleaning, & maintenance brush):

Spa'w bath/ Haircut/ Furminator /Nail Trim / Anal Gland Expression/ Teeth Brushing/ Other:

Additional notes (ie. Shampoo; no perfume):

Estimated Pick Up Time: \_\_\_\_\_

## SWIM CLUB:

Would you like your dog to swim/ dock dive during their boarding stay? YES / NO

If YES, how often do you want your dog to swim this stay? (ie. every day, one day, etc):

If YES, 30 minute or 1-hour sessions?

## ADDITIONAL:

Do you want your dog to have breaks during the day? YES/NO      If yes, how often? AM / lunch / PM

Where would you like your dog to sleep? slumber party style (cage free) / in a private den for some alone time

Are there any other requests/ notes that we should be aware during this stay? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent /Guardian Signature \_\_\_\_\_

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