



Dog Information

Dog Name : _____

Breed: _____ Birth Date: ____/____/____

M/F N/S Color: _____ Weight: _____

Veterinary Hospital: _____

Feeding

Camp provided: _____ Client provided: _____ Has your dog eaten/medicated today? _____ When? _____

Amount/Directions	9 am	12 pm	3 pm	6 pm	10 pm

Medications

Name/Dose	8 am	10 am	12 pm	2 pm	4 pm	6 pm	10 pm

Medical Conditions: _____

How do you administer medication? (in food, cheese, treat, hand pill) _____

Is your dog scared of thunderstorms? Yes No Does your dog play well with other dogs? Yes No

Fence jumper? Yes No Other temperament Issues? _____

Special boarding instructions: _____

Ala Carte (indicate day of stay)	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Walks in the park – \$8														
½ Day Daycare – ½ Single Day \$														
Late night potty – \$8														
Chuck-it ball toss – \$8														

Grooming

Full Groom, w/haircut/undercoat removal (includes nails, ears, anal glands and professional trimming)

Full Service Bath (includes nails, ears, anal glands blow-dry, and light brushing)

Clean-Up Bath (bath only/towel dry)

Instructions: (Required) _____

Ala Carte

Nails Ears Brush Teeth Brushed while boarding/how often _____

Has your dog been groomed at our sister shop "Kitty's Canine Clips"? Yes No

Please Note: If your dog is matted, a dematting charge will be applied to your bill or your dog will be shaved down.

Signature

Date

Phone

Email