

Doggie Do Right

Boarding Resort Check-in Form



Pet's Name: _____

Owner's name: _____

Date of stay: From: _____ *to:* _____

Is your pet on any medications? If so, what? and give medicating instructions:

Feeding Schedule:

Special Care or Instructions:

Items you brought with your pet:

Special services you want done during their stay: See price sheet for details on services.

Daily brushing: _____ *Extra play sessions: 1 OR 2*

Nail trim: _____ *Anal Glands Expressed* _____

Bath: _____ *Extra leash walks: 1 OR 2 (around the pond)*

Swim TIME: 1 OR 2

Emergency Contact Information

Veterinarian's name: _____

Contact person and phone #: _____

Owner Cell #: _____

Other: _____

I, the owner of _____, turn over care of my pet to Doggie-Do-Right during the time/dates stated above. I have read & understand DDR policies & agree that Doggie Do Right is not responsible for accidents or injuries.

signature

date