

Boarding Check-In Form

Today my pet needs:

Pet(s) Name: _____

Emergency Contact: _____

Pick-Up Date: _____

_____ Breakfast
_____ Dinner
_____ Medication(s)

Activities: (select up to 3 activities per day - \$5/play session)

Walks 1x/day _____ 2x/day _____ 3x/day _____

Private Play 1x/day _____ 2x/day _____ 3x/day _____

Group Play 1x/day _____ 2x/day _____ 3x/day _____

Items Being Left: (Items may not be returned or may be returned damaged)

Feeding Instructions: (please note we feed 2x/day, 3x Feeds are an additional \$1/day if over 1y)

How many cups *per meal*? _____

Brand/Protein @ home _____

_____ Longview-provided Food (**must select which variety below**) _____ Own Food

_____ Chicken (\$1/meal) _____ Lamb (\$1/meal) _____ Salmon (\$1/meal)

_____ SD Sensitive Stomach-chicken (\$2/meal)

Special Feeding Instructions: _____

Medications:

Medication name: _____ Dosage: _____

Please check time in which med is given: AM _____ PM _____ 3x _____

IF MORE THAN ONE MEDICATION, PLEASE INCLUDE THEM ON THE BACK

Additional Grooming Services:

**** If not already scheduled, there is a possibility your selected grooming will be put on the waitlist.**

_____ **Full Groom** (Includes bath, brush out, nail trim and breed specific or custom trim)

_____ **Feather Trim** (Includes bath, brush out, nail trim and feather trim (i.e. Golden Retriever, Collie)

_____ **Exit Bath** (Includes bath only)

_____ **Nail Trim** (Includes nails only)

Grooming Instructions: _____

Can your pet receive a bedtime treat provided by Longview?

Yes, Please do! _____ No, my pet has allergies or their own treats _____

Do you want your pet sprayed with cologne before they go home? YES NO

Special Instructions for boarding stay: _____

My dog is on flea & tick prevention? YES NO

Please read & acknowledge the following policies:

- Business Hours M-F 8am-8pm, Sat 8am-4pm, Sun 12pm-7pm
- Holiday hours may vary, please inquire for specifics
- You will be charged for day of drop off and pick up, regardless of time
- Payment is due in full at time of pick up
- There is a \$35 fee for returned checks

By signing this paper, you acknowledge the above policies, as well as your boarding contract.

Signature: _____ Date: _____

Phone Number: _____