

Client Name _____

Pet's Name _____

Boarding Checklist

Check in date _____ Time ____:____ Check out date _____ Time ____:____

Phone Number: _____

Medications: _____ Qty in _____ Qty out _____

_____ Qty in _____ Qty out _____

Food: Ours/Own Amount: _____ Qty in _____ Qty out _____

Personal belongings _____

Special Instructions _____

Client Initials for above items Qty in _____ Qty out _____

Weight In _____ Weight Out _____

	Fed/Ate Well?	Meds	Play Time ____/day	Pet Check	Comments
Day 1	AM Y/N Init _____	AM Y/N Init _____	AM Init _____		Clean Eyes _____
			Noon Init _____		Feet/Tail _____
	PM Y/N Init _____	PM Y/N Init _____	PM Init _____		Brush Coat _____

_ Day 2 AM Y/N Init ___ AM Y/N Init ___ AM Init ___ Clean Eyes ___

 Noon Init ___ Feet/Tail ___

 PM Y/N Init ___ PM Y/N Init ___ PM Init ___ Brush Coat ___

_ Day 3 AM Y/N Init ___ AM Y/N Init ___ AM Init ___ Clean Eyes ___

 Noon Init ___ Feet/Tail ___

 PM Y/N Init ___ PM Y/N Init ___ PM Init ___ Brush Coat ___

*** Only initial medications after you are positive patient gets them.**