

Boarding Checklist

Your name: _____

Pet's name: _____

Check in date: _____ Time (circle one): AM (before noon) PM (after noon)

Check out date: _____ Time (circle one): AM (before noon) PM (after noon)

Emergency Phone Number(s): _____

Medications: _____ Qty in: _____ Qty out: _____

_____ Qty in: _____ Qty out: _____

Food (circle one): Own Kennel Qty in: _____ Qty out: _____

How much?: _____

Personal belongings: _____

Special Instructions: _____

Client Initials for above items: In: _____ Out: _____

Weight In: _____

Weight Out: _____

Fed/Ate well?	Meds	Playtime ____/day	Pet Check	Comments
Day 1 AM Init____ PM Init____	AM Init____ PM Init____	AM Init____ Noon Init____ PM Init____	Clean eyes ____ Feet/tail ____ Brush coat ____	
Day 2 AM Init____ PM Init____	AM Init____ PM Init____	AM Init____ Noon Init____ PM Init____	Clean eyes ____ Feet/tail ____ Brush coat ____	
Day 3 AM Init____ PM Init____	AM Init____ PM Init____	AM Init____ Noon Init____ PM Init____	Clean eyes ____ Feet/tail ____ Brush coat ____	

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