



BOARDING CHECK-IN

Pet Parent's Name: _____

Pet's Name: _____

_____ My "On File" Contact Information is current and accurate.

Check-In Date: _____ Estimated Time: _____

Check-Out Date: _____ Estimated Time: _____

Downtown Dog feeds and medicates mornings and evenings.

_____ For accuracy and sanitation, I have pre-bagged my pup's food. How many bags? _____

_____ I prefer that you feed my pup Downtown Dog's house food, Natural balance, at a fee of \$1.00 per cup

_____ My pup's medication is labeled with his/her name and required dosage.

Do you want a Deluxe Spa Bath? (bath, conditioner, clean ears, trim nails, bow or bandana) Yes _____

Is there anything you'd like us to do to make your pup more comfortable while staying with us?

Emergency Contact for this length of stay:

Name: _____ Relationship: _____

Phone: _____ Email: _____

A reminder of the Hold Harmless Agreement you have on file which states:

I agree that Downtown Dog is not responsible for any injury or loss of my Pet. I understand that I will not hold Downtown Dog responsible for any incident or consequential damages resulting directly or indirectly from any injury or loss of my Pet(s).

Pet Parent's Signature: _____ Date: _____