

# Lodging Check-In Form

Drop-Off Date / Time:				Pick-Up Date / Approximate Time:			
Owner's Name(s)				Best Phone No.			
DOG # 1 NAME	SCHEDULE	KIBBLE	CAN	TREATS	MEDS	FOR CONDITION:	ALLERGIES
1.	AM Qty.						<input type="checkbox"/> Yes <input type="checkbox"/> No Instructions:
	Mid-Day Qty.						
	PM Qty.						<b>DEPARTURE BATH</b>
	Prep Instructions:	<i>Meals:</i>			<i>Medications:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
DOG # 2 NAME	SCHEDULE	KIBBLE	CAN	TREATS	MEDS	FOR CONDITION:	ALLERGIES
2.	AM Qty.						<input type="checkbox"/> Yes <input type="checkbox"/> No Instructions:
	Mid-Day Qty.						
	PM Qty.						<b>DEPARTURE BATH</b>
	Prep Instructions:	<i>Meals:</i>			<i>Medications:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Other Instructions: \_\_\_\_\_

4. Any change in veterinary information from enrollment/last visit/update?  Yes  No If yes, please provide:

\_\_\_\_\_

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_