

## Boarding Check-in Notes (For customers)

Customer Name/s:.....Date:.....

Dog Name/s:.....Booking #:.....

| Question   | Yes | No    | Comments |
|--|-----|-------|----------|
| Has your dog ever shown <b>ANY</b> signs of aggression towards <b>ANY</b> dogs?  |     |       |          |
| Has your dog ever shown <b>ANY</b> signs of aggression towards <b>people</b> ?   |     |       |          |
| Has your dog ever shown any signs of anxiety e.g shaking/panting?  |     |       |          |
| <u>Indoor enrichment includes:</u> toys in their kennel, being brushed, being petted, having mud/dirt washed off them if necessary.<br><b>Do you agree to all of these?</b> If not, please state which you do not want |     |       |          |
| <u>Outdoor enrichment includes:</u> off-lead secure fenced play time, on-lead walks, 1:1 play with staff member, toy play. <b>Do you agree to all of these?</b> If not, please state which you do not want             |     |       |          |
| Does your dog destroy toys/bedding?  |     |       |          |
| Does your dog have any cuts/sores/ailments, or has any long term illnesses? If your dog is on <b>medication</b> , explain how and when to administer   |     |       |          |
| If you have more than 1 dog, do you consent to them sharing a kennel, being fed together, and allowing us to separate them in case of an emergency?  |     |       |          |
| Please circle <b>when</b> to feed your dog   | AM  | LUNCH | PM       |
| How much food does your dog have?<br>E.g 1 x scoop kibble & ½ tin of meat  |     |       |          |
| Please write the <b>month</b> and <b>year</b> your dog last had flea and worm treatment  |     |       |          |
| Is there anything else we should know?   |     |       |          |

**Please sign below that you have read and understood the questions above:**

Signature:..... Print Name:.....