



Summit Bridge Boarding

Boarding Check In

Dogs Name: _____ Breed: _____ Age: _____

Owners Name: _____ Phone Number: _____

Personal Belongings: _____

Arrival Date: _____ Departure Date: _____

Meal Information

Please check one:

- I have supplied my dog's food and treats
- My dog will eat the Purina Veterinary Kennel Diet recommended by Summit Bridge Veterinary Hospital, LLC

Feeding Directions (How many cups/bags per feeding per day): _____

Please circle one:

Is your pet allowed treats? YES NO

For dog's sharing the same kennel (Same family), do they need to be separated to feed? YES NO

Will you be leaving medication to be administered to your dog during their stay? YES NO

Name: _____

Frequency: _____

Does your dog have any allergies to be aware of? YES NO

If so, list here: _____

Grooming Information

Will you be requesting grooming services during your stay? YES NO (If so, please fill out grooming check in sheet)

If your dog stays 7 days or longer it will receive a free bath. Please indicate if you want grooming or the free bath.

Additional Services

Please check off the additional service, circle the times/ how many times a day you want the service, and list for how many days or what specific days you want the service. We recommend this for long boarders!

- ½ day of dog daycare → **Circle:** (8 AM – 11AM) **OR** (1PM – 4PM) → For _____ days
- Full day of dog daycare (Both AM and PM sessions) → For _____ days
- 10 - 15-minute walk → **Circle:** (1 x day (\$10) 2 x day (\$18) 3 x day (\$26) → For _____ days
- 1-on-1, 20 min playtime → **Circle:** (1 x day (\$10) 2x day (\$18) 3x day (\$26) → For _____ days
- 10 min snuggle session → **Circle:** (1 x day (\$10) 2x day (\$18) 3x day (\$26) → For _____ days

Circle: Would you like your pet to be seen by the doctor? (If yes, please fill out Patient Drop Off Form) YES NO

***If we notice your pet may need medical care...**

- Would you like for us to have your pet examined and treated by a doctor?
- Would you like a call before any treatment takes place?

(This will include additional pricing)

Client Agreement

We are open from 6 AM until 8 PM, 7 days a week, 365 days a year. We ask that if you plan to pick up or drop off at a later hour, please let us know. We would like all dogs picked up or dropped off by 7:30 PM.

You, the owner, attest that your dog: **(please check the boxes below)**

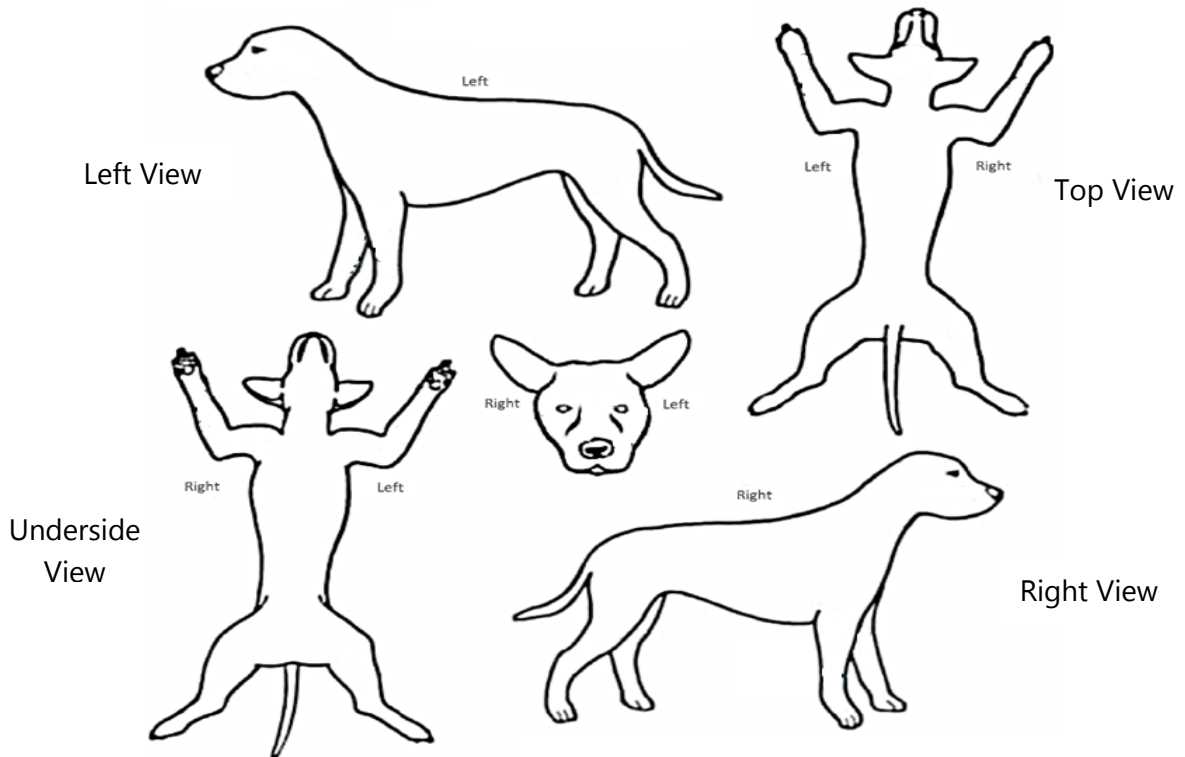
- Has not been exposed to any contagious illnesses, including Rabies, within the past 30 days prior to check-in and is current on all vaccinations, including Rabies, Distemper, and Bordetella. Canine Influenza is not required but strongly recommended.
- Is over 16 weeks of age and is housebroken
- Signed Agreement and Policies form
- Will enter and leave facility on a leash

You represent that all the information provided in this document is accurate and agree to pay for all services and fees. You understand that your dog's boarding is subject to the terms and conditions of the Boarding and Daycare Agreement and Policies Forms.

Owners Signature: _____ **Date:** _____

Please list any bumps, lumps, injuries, or any marking/ area to be aware of.

If none, please still sign.



Notes: _____

Owner Signature: _____ **Date:** _____