

4140 S Four Mile Run Drive, Arlington VA 22206
703-933-1935

Boarding Intake Form

| | Drop-off | Pick-up |
|------|----------|---------|
| Date | | |
| Time | | |

Dog: _____ Client: _____

Emergency Contact: _____

If your dog contracts a contagious illness, we will contact you to arrange pet sitting or a stay at a veterinarian for the remainder of your dog's stay. Pet sitting requires us to have a key on file.

| Total Bags: | Breakfast | Lunch | Dinner |
|---|---|-------|--------|
| Food & Treats (amount / meal) | | | |
| Medication (name & dosage) | | | |
| Personal Items / Bedding Notes | | | |
| Special Instructions/ Health/Allergies | | | |
| Boarding Update | <p>We will email you an update every 3 days of your dog's boarding stay. If you would like us to call you or provide more frequent updates, please indicate below</p> <p>Phone: _____ Email: _____</p> <p>Additional Update Instructions:</p> | | |

| | | |
|---|--|---|
| <input type="checkbox"/> Boarding Suite (\$12/night) <input type="checkbox"/> Plush Bedding (\$3/night) <input type="checkbox"/> Slow Bowl Feeder (\$3/night) <input type="checkbox"/> House Food (\$3/night) <input type="checkbox"/> Dessert: (\$3/each) Cookie ____ #nights or ____ all *Kong ____ #nights or ____ all *Licky Mat ____ #nights or ____ all *preferred choice: peanut butter / applesauce / plain yogurt / canned pumpkin | <input type="checkbox"/> Bath (\$40) <input type="checkbox"/> Ear or Eye Clean (\$5) <input type="checkbox"/> Nail Trim (\$12) <input type="checkbox"/> Spa Package includes all the above + cookie (\$55) _____ <input type="checkbox"/> Early Drop-off (\$8) <input type="checkbox"/> Pet Taxi Home (\$20/each way) - used PT service before? Y / N - do we have a key on file? Y / N - details on pickup/drop off times: | <input type="checkbox"/> Attention Time 15-min (\$7) ____ # days or ____ all days <input type="checkbox"/> Enrichment Activity 15-min (\$7) ____ # days or ____ all days <input type="checkbox"/> Enrichment Camp 30-min (\$10) (see schedule) <input type="checkbox"/> Extended Walk 15-min (\$10) ____ # days or ____ all days <input type="checkbox"/> Treadmill Walk 15-min (\$10) ____ # days or ____ all days <input type="checkbox"/> Boarding School (register) |
|---|--|---|

Intake Performed by: _____