Paradise Ranch

BOARDING CHECK-IN SHEET

Pet(s) Name:_____ **Guardian's Name:**_____

Tel #_____ **Email:**_____

Emergency Contact #:_____ **Travel Destination/ Time Zone:**_____

Arrival Date:_____ **Time In:**_____ **Departure Date:**_____ **Pick up Time:**_____

(Note: Dog(s) picked up after 12 PM will have a Daycare fee of $45. 7 PM is the LATEST pickup)

Feeding Instructions

(For consistency we use DRY measuring cups, NO personal scoops permitted!)

Brand Name(s):_____

Morning Feeding Amount:_____ + _____

Mid-Day Feeding Amount: _____ + _____

Evening Feeding Amount: _____+ _____

Please notify the OFFICE if your dog has not had breakfast or lunch today

❒ **Purchase Natural Balance Kibble:**

CIRCLE: Venison Lamb Chicken Bison Duck Salmon

Medication

Medications/Supplements: _____ ❒ **No**

Medication Frequency:_____

Allergies: _____ ❒ **No** ❒ **Purchase Pill Pockets ($10)**

(Disclaimer: We recommend feeding your dog slightly more than their usual amount due to the increased levels of activity and exercise they get at our facility.)

Spa & Extras

- ☐ **Exit Bath & Brush**
  Groomers Gratuity:_____
- ☐ **Return to pack after bath?**
- ☐ **Midstay Bath**
- ☐ **Nail Trim: $12**
- ☐ **Teeth Brushing: $10**
- ☐ **Deshedding: $12**
- ☐ **Brush Out Only: $10**
- ☐ **Flea Protection: $25/tube**
- ☐ **Dog Collar: $9.99**
- ☐ **Jerky Treats: $7.99**

Customer Belongings (Describe ALL items brought for this visit):_____

(Note: We do NOT accept Leashes, Bowls, Toys, Bedding/Blankets, Rawhide/Bully Treats and Owner's Scoops.)

Check-In Weight: _____ **Guardian or Authorized Agent's Signature: X**_____

Additonal Notes:

Paradise Ranch

BOARDING CHECK-IN SHEET

Attendant's Use Only

CHECK-IN

Dog(s) Checked over by: _____

Dog Name: _____ Dog Name: _____ Dog Name: _____

Eyes: _____ Ears____ Eyes: _____Ears_____ Eyes: _____Ears_____

Skin/Coat: _____ Skin/Coat: _____ Skin/Coat: _____

Weight_____ Weight_____ Weight_____

FEEDING/ LOCKER ASSIGNMENT

Checked In by : _____ Locker #_____

CHECK- OUT

Dog Name: _____ Dog Name: _____ Dog Name: _____

Eyes: _____ Ears_____ Eyes: _____Ears_____ Eyes: _____Ears_____

Skin/Coat: _____ Skin/Coat: _____ Skin/Coat: _____

Returned Belongings: _____ **Time:** _____ **K9 Tech:** _____

Guardian or Authorized Agent's Signature at Departure: X_____

K9 Staff

Please list belongings below (be detailed):