



BOARDING CHECK IN SHEET:

*highlighted fields are mandatory

Dog's First and Last name: _____

Breed: _____ **Check in Date:** _____ **Check out Date:** _____

Current Veterinary Hospital: _____ **Emergency contact:** _____

**** PLEASE NOTE DURING THE HOLIDAYS ADDITIONAL FEES APPLY PER NIGHT!**

FEEDING:

Did you bring in their own food? YES / NO (if no, we offer both dry and wet food for \$5 per meal)

What type of food? dry / wet / dehydrated / treats/ other: _____ **How often do they eat?** AM / lunch / PM

How much per meal? _____

Circle any of these additions you would like us to try (at no additional charge) if your dog is not eating

grated parmesan cheese / shredded lamb roll / chicken broth / pumpkin puree/NONE-DO NOT ADD TO MY DOGS FOOD

MEDICATIONS:

Does your dog have any medications? YES / NO

If they have a pill, is it okay to put it in their food? YES/NO

If NO, how should we administer?

#1 Medication name: _____

#2 Medication name: _____

Topical / Oral/ Subcutaneous

Topical / Oral/ Subcutaneous

Frequency needed: AM / Lunch / PM/ As needed

Frequency needed: AM / Lunch / PM/ As needed

Quantity/Notes: _____

Quantity/Notes: _____

#3 Medication name: _____

#4 Medication name: _____

Topical / Oral/ Subcutaneous

Topical / Oral/ Subcutaneous

Frequency needed: AM / Lunch / PM/ As needed

Frequency needed: AM / Lunch / PM/ As needed

Quantity/Notes: _____

Quantity/Notes: _____

Additional meds/allergies/health concerns: _____

Bone Home

1629 Superior Avenue | Costa Mesa, CA 92627
Phone 949.650.2692 | Fax 949.650.2697

Bone Backyard

2700 Bristol Street | Costa Mesa, CA 92626
Phone 714.604.1414 | Fax 714.444.2664

Hours: 6:30am- 8:00pm every day of the year.



BOARDING CHECK IN SHEET:

GROOMING:

****ALL GROOMING SERVICES MUST BE CONFIRMED WITH STAFF FOR AVAILABILITY:**

Please circle desired grooming services (please note our standard spa'w bath includes nail trim, ear cleaning, & maintenance brush):

Spa'w bath/Haircut/Furminator/Nail Trim/ Nail Dremel/Anal Gland Expression/Teeth Brushing/Other:

Additional notes (ie. Shampoo; no perfume):

Estimated Pick Up Time: _____

SWIM CLUB:

Would you like your dog to swim/ dock dive during their boarding stay? YES / NO

If YES, how often do you want your dog to swim this stay? (ie. every day, one day, etc):

If YES, 30 minute or 1-hour sessions?

ADDITIONAL:

Do you want your dog to have breaks during the day? YES/NO If yes, how often? AM / lunch / PM

Where would you like your dog to sleep? slumber party style (cage free) / in a private den for some alone time

Are there any other requests/ notes that we should be aware during this stay? _____

Parent /Guardian Signature _____

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