

DOGMA DOG CARE - BOARDING CHECKLIST

All information is confidential and is to be used for the purpose of caring for your pet

RESERVATION INFO:

Owner Name: _____ Best Contact Phone: _____

Dog's Name: _____ Arrival Date: _____ Arrival Time: _____

Departure Date: _____ Departure Time: _____ Sunday? _____
Additional acharge applies after 1pm Additional charge applies--\$10

Dogma Den or Suite? DEN SUITE Is Your Dog Private Care? YES NO
Den prices: \$35/first dog, \$22/additional dog(s) Additional charge applies--\$10/day/dog
Suite prices: \$42/first dog, \$29/additional dog(s)

Bath: BASIC: wash & towel dry BASIC PLUS: basic bath PLUS nail trim & ear cleaning GROOM
15% off BATH or GROOM after 5+ nights stay

Walks? _____ Nap Time? _____
Evening Constitutional (\$5/walk) or Power Play (\$10/walk)

FEEDING INSTRUCTIONS:

All food must be pre-bagged and labeled – if not additional charge applies

Brand of Food: _____ Description: _____
Refrigeration required? Bag color and size

Portion Size: _____
 Breakfast: _____ Lunch: _____ Dinner: _____

Which meal are we feeding your dog the first day?

Breakfast: _____ Lunch: _____ Dinner: _____

Treats: _____ Distribution Schedule: _____

If your pet is not eating, may we add something to their food? _____
Cottage cheese, broth, peanut butter

Food or Other Allergies? _____

LUGGAGE:

Describe any items being checked in: _____
Please do bring any bedding, toys, or bowls; bedding and bowls are provided by Dogma

PLEASE COMPLETE REVERSE

MEDICATION*:

Additional Charge Applies

Medication Name: _____ Condition: _____

Distribution Schedule: _____ Dose: _____

***Dogma will ONLY accept the meds required for each pet's stay. No additional meds may be left.**

Any Special Instructions?:

Who else may we contact if we can't reach you in an emergency?

Name: _____ Best Contact Phone: _____

Is anyone other than yourself authorized/visit to pick up your pet? Yes No

Name(s): _____ Phone: _____

Owner Signature

Date