

Boarding Guest Registration

Employee Initials: _____

Room Registration

Facility: _____

Name: _____

Date In: _____

Owner: _____

Date Out: _____

Breed: _____

Sex: _____

Age: _____

Weight: _____

Color: _____

Special Instructions: _____

Diet: _____

How much per day: _____

Rx: _____

When to administer: _____

Belongings (Detailed): ① _____ ② _____

③ _____ ④ _____

Weekend Pick Up: SATURDAY / SUNDAY

★ Bath: _____ (Date) _____ FREE Snack: _____

★ Extra Playtime: _____ (How Many) _____ Pupperazzi: _____ (How Many) _____

Behavior Assessment: _____ ½ DAY / FULL DAY

★ iMessage Photo: _____ (Email/Phone Number) _____

Owner's Contact Information: _____