

Grateful Dogs' Overnight Guest Check-In Card

Dog Name(s) First: _____ Last: _____ Collar Color: _____

Arrival Date: _____ Time: _____ am/pm Pick Up Date: _____ Time: _____ am/pm

Person Checking Dog In: _____ Person Checking Dog Out: _____

Will your dog(s) need an exit bath? Y/N Bath Date: _____

Brand of Food: _____ Qty/Amount: _____ /Per Day

Can we add **canned food, chicken, cheese, rice, pumpkin** if needed? Y/N Are **Treats** Ok? Y/N

Allergies? Please List: _____

Medications? Please List: _____

Can we administer: **Benadryl?** Y/N **Ascriptin?** Y/N **Pepcid?** Y/N

Any new Health or Behavioral Issues? _____

Special Instructions/Needs: _____

Owner Contact Info: _____ Local Emergency Contact Name/Phone: _____

Staff Initial: _____

_____ Belongings Returned:

_____ Follow Up Notes:

_____ Health/Behavior issues during stay:

_____ Date: _____ Time: _____ Released to: _____ Staff Initial _____

Checkout