

Grateful Dogs' Overnight Guest Check-In Card

Dog Name(s) First: _____ Last: _____ Age: _____

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 Contact Info: _____

Where will you be during this stay? _____ Staff Initial: _____

Belongings Returned: _____

Follow Up Notes: _____

Health/Behavior Issues during stay: _____

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

Checkout