



Boarding Check-In Form (BCI)

| Client and Boarding Information | | |
|--|--|---|
| Dog(s) Name: | Check-In: Date: ____/____/____ Time: _____ am / pm | Check-Out: Date: ____/____/____ Time: _____ am / pm |
| Owner's Name: | | |
| City, State, or Country visiting: Best way to reach you there: Name of Emergency Contact (<i>other than you</i>): Phone: _____ Email: _____ | <p>Apply After Hours fee of \$26 between 7:30PM-Midnight & 4AM-7AM (weekdays), 8AM (weekends). Fee includes the feeding of a meal if personal food is provided.</p> <p>Check-out by 10am is included in your boarding rate. Between 10am-3pm a half-day of day care is charged; between 3-7:30pm a full-day of day care is charged on the final day.</p> | |
| Describe personal items brought: (<i>color & shape of bed, food containers, etc.</i>) LABEL all items with dog's name. Not guaranteed to be returned. | | |

| Health and Meal Instructions | | | | |
|--|---|--------------------------------|--|--|
| Any changes to your dog's behavior or health since last visit? Y / N If yes, please describe: | | | | |
| Does your dog need to take any <u>medication(s) or supplements</u> ? Y / N (<i>If yes, fill out instructions on reverse</i>) | | | | |
| Daily meal instructions (in standard cups) per dog, per meal: <i>Example: Rusty, 1.5 cups for breakfast and dinner</i> | Breakfast (Included) X 1.5 c | Lunch - \$4 service fee | Dinner (Included) X 1.5 c | <i>Repackaging Fee of \$5 if food is not in one, rigid-sided container appropriately sized for the length of stay.</i> Y / N Treats OK? Y / N Need dinner service on final day? \$4 Y / N Feed house food? \$5-15 Circle: kibble / wet / raw |

| Additional Boarding Services (<i>Please indicate how many or how often</i>) | | |
|--|--|---|
| Metro Café \$6 Snack Time: _____ (Stuffed Kong or Marrow Bone) (Circle) \$4 Daily Lunch Service: _____ (amount) Metro Spa \$17-51 Brush Out: _____ \$27-86 Bath & Brush: _____ \$30-45 Nail Trim: _____ \$12 Teeth Brushing: _____ | Metro Gym \$30 Leashed Walk (25 min): _____ \$30 Private Play/TLC (25 min): how does your dog play? _____ \$30 Training Tune-Up (15 min): <u>fill out on reverse</u> \$30 Park Adventure Trip*: _____ \$75 Park trip training: _____ | *Park Adventure Trips are at the discretion of management and <u>require an application</u> . If we are unable to take your dog, you will not be charged. If you would like a substituted service, please mark the alternative service with " SUB. " New dogs complete Assessment park trips until we have cleared them for group trips. Recall is a prerequisite skill. |

I have read the service agreement and agree to all terms **X**: _____

STAFF USE ONLY
 Estimated Cost of Stay: _____ Paid: _____ CA. CK. MD. AN. DP.
 Pre-Existing Balance: _____ Remaining Balance: _____
 Additional Charges Incurred: _____ Owes: _____

| |
|-----------------------------|
| Staff check-in: _____ |
| Staff check-out: _____ |
| Audited by: _____ on: _____ |

Medication and Dietary Supplement Instructions

IMPORTANT: Must complete fully if your dog requires medication(s)

Dog(s) First and Last Name:

Prescribing Veterinarian:

Y / N Treats OK?

What should we wrap your dogs meds in to help them take their meds? *Pill pocket, some of their wet food, provided treat*

Begin administering medication on: Day _____ Time _____ AM / PM (Circle)

Administer Medication(s) on final day? Y / N

| Medication Name | Type/Kind | Dosage or Directions | Time | Time | Time | Confirm Dosage |
|-----------------|-----------|----------------------|------|------|------|----------------|
| | | | | | | |
| | | | | | | |
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| | | | | | | |

_____ (Initial) I understand and agree to pay \$3 per medication administration scheduled time, ex, AM, Midday, PM.

_____ (Initial) Metro Dog never forces dogs to take medication but will encourage and coerce, usually with food augmentation.

If my dog refuses all efforts to administer a medication, I request that:

My dog skips this dose and staff tries again next time Staff tries again in a couple hours

Contact me at: _____ and take my dog to the vet

_____ (Initial) I understand that supplements are put directly in the dog's food and staff does not ensure that my dog will eat it. I understand there is no charge to put supplements into my dog's food.

_____ (Initial) Application of topical flea and/or tick medication is \$15. Includes private rooming and care until medications are completely dry.

Signature:

Date:

Training Tune-Up Request while boarding: (\$30/15 minute session- Indicate how many on front side)

These are 15-minute sessions to provide refreshers for basic manners, learn fun new tricks, or solve problems using clickers/scent work. *If you have a training request for a behavioral issue or you are looking for a complete training program, please contact info@metrodog.com for more options.*

What do you want us to work on? (One skill per session)

Commands you'd like us to use:

We only use positive reinforcement techniques: food, play, toys, affection. What food, toys or activities does your dog find rewarding?

Is your dog clicker trained? **Y / N** (Circle)

Are there any food or activity your dog cannot have/do?