

**GRATEFUL DOGS OVERNIGHT GUEST**

**CHECK-IN**

Dog Name(s) First: \_\_\_\_\_ Last: \_\_\_\_\_

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? \_\_\_\_\_ Bath by: \_\_\_\_\_ am/pm On: \_\_\_\_\_ (date)

Brand of Food: \_\_\_\_\_ Qty /Amount: \_\_\_\_\_ X's a day

Can we add canned food, chicken, cheese, treats, and/or rice if needed? \_\_\_\_\_

Allergies? Please List: \_\_\_\_\_

Medications? Please List: \_\_\_\_\_

Can we administer: Benadryl? \_\_\_\_\_ Ascriptin? \_\_\_\_\_ Pepcid? \_\_\_\_\_

Any new/recent Health or Behavior Issues? \_\_\_\_\_

Special Instructions/Needs: \_\_\_\_\_

Owners Contact Info: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Staff: \_\_\_\_\_

**Checkout**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Released to: \_\_\_\_\_

Returned:            Belongings \_\_\_yes \_\_\_no    Food \_\_\_yes \_\_\_no  
                         Medications \_\_\_yes \_\_\_no    Incident Report \_\_\_\_\_yes\_\_\_\_\_no

Staff Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_