**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: \_\_\_\_\_\_\_\_\_\_

## Checkout

Date: Time: Released to: Staff Initial

Health/Behavior issues during stay:

Follow Up Notes:

Belongings Returned: