Approximate pick-up time: _____

RCAH BOARDING SHEET

PET NAME:	OWNER:	PHONE:	IN: _____ OUT: _____
BREED:	COLOR:	CAGE/RUN:	Age:

FOOD: HOSPITAL HOME	FREQUENCY: ONCE-A-DAY TWICE-A-DAY THREE-A-DAY	AMOUNT:
SPECIAL DIRECTIONS (ie – ALLERGIES):		
BELONGINGS:		BEDDING: YES NO

MEDICATION / DOSAGE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
	A	12	P	A	12	P	A	12	P	A	12	P	A	12	P	A	12	P	A	12	P
DAYCARE																					
URINATED																					
DEFECATED																					
VOMITING																					
APPETITE																					
DRINKING																					
DEEP CLEAN / QUICK CLEAN																					
INTIALS																					
TEXT / VIDEO MINIMUM: ONCE-EVERY-THREE-DAYS																					

HIGHLIGHTS:

RED • **DIG:** YES NO •

YELLOW • **JUMP:** YES NO •

GREEN • **CHEW:** YES NO •

NOTES:

_____

_____

_____

Daycare Disclaimer: By initialing below you acknowledge that 1.) cost of daycare is an additional cost of $10.00 per day; 2.) there is no guarantee of group size with other dogs on the weekends; 3.) your pet plays well with other dogs; 4.) RCAH has permission to allow your pet to play with other dogs; and 5.) RCAH is not liable for any risks, injury, or illness associated with group play.

OWNER: _____

Revised 1/20/2020 JNB