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**1012 W. Main St. Marion, IL 62959 PH: 618-889-4712 Fax: 1-866-271-0412**

**Daycare and Boarding Instruction Sheet**

Dog’s Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure Time: \_\_\_\_\_\_\_\_\_\_\_\_

Who will be picking your pet up from boarding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact & Number (must be available for contact during your pet’s stay): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Feeding Instructions**

Will you be providing your own food? ☐Y / ☐N

(If you are not providing your own food your pet will be fed lunch and dinner with Doggie Stylez “house” food for $3 per day).

What brand of food does your dog eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dry\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Wet

What amount do you feed in the: **DRY** AM \_\_\_\_\_cup Mid \_\_\_\_\_cup PM \_\_\_\_\_cup

**WET** AM \_\_\_\_\_cup Mid \_\_\_\_\_cup PM \_\_\_\_\_cup

Special feeding instructions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your pet eat today? ☐Y / ☐N If YES, what time? \_\_\_\_\_\_\_

Did your dog bring treats form home? ☐Y / ☐N How many per day? \_\_\_\_\_\_\_\_\_\_\_

Can your dog have Doggie Stylez house treats (treat brand will vary)? ☐Y / ☐N How many per day? \_\_

**Bathing Instructions**

With a *MINIMUM of five nights boarding*, a **complimentary bath** and dry is included. This bath

*DOES NOT* include a full brushing, nail trim, anal glands, or ear cleaning.

I would like to add: **Grooming?** ☐Y/☐N **Nails?** ☐Y/☐N **Ear Cleaning?** ☐Y/☐N **Glands?** ☐Y/☐N

**Grooming Instructions**

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**All boarders must be free of fleas and ticks. If any are noticed on your pet, your pet will be treated at the discretion of the Doggie Stylez Inc staff.**

Does your dog have any medical issues (skin, bones, allergies, etc)? ☐Y / ☐N

Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet on any medications? ☐Y / ☐N

There is **no additional cost** to administer medications (request additional page if necessary).

Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dosage\_\_\_\_\_\_\_\_\_Time(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dosage\_\_\_\_\_\_\_\_\_Time(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doggie Stylez will inventory and list all brought items on your pet’s score card.

**Bedding**

Doggie Stylez provides each of our boarding guests with an elevated Kuranda bed. Some dogs are inclined to chew or ingest objects such as blankets or bedding. If your dog has these tendencies, please let us know.

Do we have permission to provide bedding for your pet such as a raised bed, blankets etc.? ☐Y / ☐N

**A LA CARTE SERVICES** (services will be given each day of your pooch’s stay unless otherwise specified)

|  |  |
| --- | --- |
| ☐ 20 min. private leash walk (on property) - $20 per day | ☐ Frozen Pumpkin Cubes $5 per day |
| ☐ Daily Brushing - $7 per day | ☐ Chicken Paw-sicle $3 per day |
| ☐ Frozen Yogurt treat - $5 per day | ☐ Beef Paw-sicle $3 per day |
| ☐ Peanut Butter Kong treat - $3 per day |  |

**PLEASE SEE THE DOGGIE STYLEZ INC POLICY AGREEMENT FOR A COMPLETE LIST OF BOARDING INSTRUCTIONS**

**I certify that I have read and agree to the terms outlined in the Doggie Stylez Inc Policy Agreement and the Bite Policy. I certify that I am the legal owner/caregiver of this pet.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet owner’s signature Date

**THANK YOU for allowing Doggie Stylez the opportunity to care for your pet while you are away**!

For Office Use/Verification Only

Pack Mate Name:­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_