



# Play Dog Excellent Overnight Boarding Instructions



*Thank you for taking the time to provide us with detailed instructions regarding your dog's care and comfort during this visit.*

Dog's Name		Breed	
Owner's Name		Phone#	
Arrival Date & Time		Hours: Mon-Fri 8:00am to 5:30pm	
Departure Date & Time		Sat 9am-11:30am	
		Sunday 6:00pm-6:30pm	
For multiple dogs	<input type="checkbox"/> Individual accommodations <input type="checkbox"/> Shared housing		
Who will be picking up?			
<b>FOOD</b>			
What to feed?	<input type="checkbox"/> Own food	<input type="checkbox"/> PDX food (\$5/meal)	How much?
How often?	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening	<input type="checkbox"/> Other:
Special Instructions:			
<b>ITEMS LEFT (please be as specific as possible and label all items)</b>			
Collar (type and color)			
Leash (type and color)			
Toys/Treats			
Medications			
Other			
<b>EXTRAS</b>			
Stuffed Kong	\$3/each	How Many?	When?
<b>DEPARTURE SERVICE (scheduled Monday through Friday only, check with front desk for availability)</b>			
Full bath \$30 and up	<input type="checkbox"/>	House bath \$25 and up	<input type="checkbox"/>
Full bath includes nail trim, ear cleaning, conditioning shampoo, blow dry, and comb-out		Nail trim \$10	<input type="checkbox"/>
		Ear cleaning \$10	<input type="checkbox"/>
Clip (specify style)			
<b>DAYCARE (regular students only)</b>		<b>Pass days left at check in:</b>	
Play day (on pass or \$19)	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed
		<input type="checkbox"/> Thu	<input type="checkbox"/> Fri
<b>INSTRUCTIONS FOR PDX STAFF (be sure to list any medications, dosage, and schedule)</b>			
<b>If this is your dog's first visit with us, please check all that apply:</b>			
<input type="checkbox"/> Good with dogs <input type="checkbox"/> Good with people <input type="checkbox"/> Afraid of men <input type="checkbox"/> Drinks a lot of water <input type="checkbox"/> Sleeps a lot			
<input type="checkbox"/> Playful <input type="checkbox"/> Energetic <input type="checkbox"/> Fearful <input type="checkbox"/> Timid <input type="checkbox"/> Scared of thunder/loud noises <input type="checkbox"/> Worrier			
<input type="checkbox"/> Fence climber <input type="checkbox"/> Reactive to other dogs <input type="checkbox"/> Never meets other dogs <input type="checkbox"/> First boarding anywhere			
<input type="checkbox"/> Please list any known allergies:			