

Boarding Item Checklist

Dog(s) Name: _____ Date: _____

Item	Please Circle One	Description- Amount and Color	Staff Initials: check-in	Staff Initials: check-out
Blanket	Yes No			
Bed	Yes No			
Collar	Yes No			
Leash	Yes No			
Harness	Yes No			
Crate	Yes No			
Toys	Yes No			
Clothes	Yes No			
Treats	Yes No			
Food Container/ Scoop	Yes No			
Bag Items were brought in	Yes No			
Medications	Yes No Alert front desk			

Staff

Fridge: Initials at check out: _____ **Freezer:** Initials at check out: _____ **Report Card:** Initials at check out: _____

OWNER SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____