

INDIGO RANCH / OREGON CANINE UNIVERSITY- BOARDING CHECK-IN

15640 Airport Way, Vernonia, Oregon 97064
503-429-0806

www.IndigoRanch.org

BOARDING CHECK-IN

DOG NAME: _____

OWNER NAME(S): _____

BOARDING DATES:
ARRIVAL: _____ DEPARTURE: _____

MEDICATION (if more space is necessary, please attach a separate sheet)

NAME OF MEDICATION: _____

REASON / CONDITION: _____

DOSAGE (include frequency and amount): _____

NAME OF MEDICATION: _____

REASON / CONDITION: _____

DOSAGE (include frequency and amount): _____

SPECIAL MEDICATION NOTES / INSTRUCTIONS: _____

ALLERGIES (food etc.) _____

FEEDING INSTRUCTIONS:

MY DOG EATS: BREAKFAST _____ LUNCH _____ DINNER _____

Brand of food I have provided for my dog: _____

SPECIAL FEEDING INSTRUCTIONS: _____

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OTHER SPECIAL INSTRUCTIONS

HABITS: _____

LIKES & DISLIKES (i.e. does not play well with small dogs): _____

DOG COLLARS, LEASHES & OTHER BELONGINGS

Please fill out and preset at check -in or email to info@IndigoRanch.org.