

Oregon Canine University
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BOARDING CHECK-IN
(ONE DOG PER SHEET PLEASE)

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) _____

Allergies (food, etc.): _____

Special Medication Notes/Instructions: _____

Feeding

My dog eats Breakfast Lunch Dinner _____ cup(s) at each meal

Please feed the food I brought _____ (brand)

Please provide treats for my dog _____ (# per day) *additional cost

Special Feeding Instructions: _____

*** Other Special Instructions – Habits, etc. (ie: does not play well with small dogs):**

*** Dog Collar, Leash and other accessories descriptions:**