



A Tail Away, Inc.TM

Canine Hotel & Resort

Drop Off Day _____ Time _____

Pick Up Day _____ Time _____

Check In Sheet

Human's Information: Name _____

Address _____ City _____ ZIP _____

Home Phone _____ Cell _____ Work _____

Email Address _____ Referred by _____

Emergency Contact: Name _____

Local Person (friend, neighbor or relative)

Home Phone _____ Cell _____

Vet's Name _____ Office Number _____

Vet's Clinic _____

Dog Profile: Name _____ Male ____ Female ____

Birth Date (mm/dd/yy) _____ Food Brand _____

Feeding Schedule (**amount**) _____ AM (**amount**) _____ PM

Medications _____ For _____

Schedule _____ AM _____ PM

Is your dog social with other dogs? ____ Y ____ N Does your dog dig? ____ Y ____ N

Frightened by any noises? _____ Anything else? _____

Has your dog ever jumped/climbed over a fence? ____ Y ____ N House trained? ____ Y ____ N