

Oregon Canine University (OCU at Indigo Ranch)

Vernonia Campus

www.oregoncanineuniversity.org

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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.): _____

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Special Medication

Notes/Instructions: _____

Feeding

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

Brand of food I have provided for my dog: _____

Special Feeding

Instructions: _____

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

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