



The Dog Scoop

Boarding

617-244-8944

thedogscoopovernight@gmail.com

216 Webster Street

West Newton, MA 02465

For both first time boarders and returning clients, we ask you to fill out the following information and return it to the Dog Scoop (via email or in person) before your dog checks in.

Boarding Pre-Registration

RETURNING CLIENTS - Please fill out the highlighted section below. You may leave the rest of the form blank.

Client Name:	Phone:	
Dog Name(s):	Dog Breed:	Dog Color:
Drop Off Date:	Pick Up Date/Time:	
<i>Pick-Up/Drop Off Hours: M-F 7am-7pm / Saturdays 9am-5pm / Sundays/Major Holidays 10am-4pm</i>		

Primary Vet

Name:

Phone Number:

Emergency Contacts (2 Required)

Name:

Relationship:

Phone Number:

Email:

Name:

Relationship:

Phone Number:

Email:

Food

Name of Food:

Amount Fed:

Frequency("x" all that apply): ___AM ___Lunch ___PM

Medication

Name of Medication:

Dosage:

Frequency("x" all that apply): ___AM___PM ___Other

NOTES:

KNOWN ALLERGIES:

Other Medical Issues (this includes injuries, past surgeries, history of seizures, etc...):