

Dog Name: _____ Drop Off Date: ___/___/___

How Much Food: Breakfast: _____
Midday: _____
Dinner: _____

Medications/ Supplements?: _____

Reason for Medication? _____
Give How Much, How Often?: _____

Allergies?: _____
Where Does Your Dog Sleep At Home?: _____
Can we give your dog treats? _____

Items Brought with Dog: _____

Pick-up Date: ___/___/___ Pick-up Time: _____
Shampoo Before Pick Up (\$15 to \$30)? Yes No

The best phone number(s) to reach you while you are away:

This box for staff use

Extra services: _____

Meals: _____
Notes: _____

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