

☐ Quick Kennel Clean-Up ☐ Full Service Bath ☐ Nail Trim ☐ Grind EARLIEST Pick up Time ____ : ____ AM / PM

DURATION DATES ____ / ____ - ____ / ____

NO TOYS, BONES or FOOD BOWLS

DOG NAME(S)) _____

_____ **CUPS / BAGS per MEAL**

FOOD BRAND _____

MEDICATION(S): _____

SPECIAL INSTRUCTIONS: (ex. AM / PM) _____

Is your dog allergic to anything? _____

BEDDING (color, design) _____

Are we allowed to use food motivators (canned food / bacon juice) to help? YES NO

If I have more than one dog, I request that they stay **together** / **separate** during their stay.

Owner Signature _____