

DOG NAME(S): _____ DURATION ____ / ____ --- ____ / ____

SLEEP OVER - CHECKLIST

_____ cups / bags per meal

Food Brand _____

If your dog has a hard time eating are we allowed to use canned food to help?

YES

NO

Is your dog allergic to anything? _____

BEDDING _____

MEDICATION(S) and Special Feeding Instructions: _____

NO TOYS, BONES or FOOD BOWLS PLEASE

Before you leave, would you like a BATH NAILS REPORT CARD (ONLY Available Mon-Fri)

Pick Up Time _____ :