

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

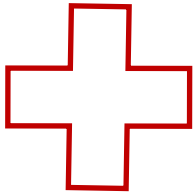
DURATION DATES ____ / ____ - ____ / ____

NO TOYS, BONES or FOOD BOWLS PLEASE *

DOG NAME(S) _____

_____ **CUPS / BAGS per MEAL**

FOOD BRAND _____



MEDICATION(S): _____

INSTRUCTIONS: _____

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 _____