

CAMPER(S):	DATE ARRIVIN	NG:	DATE DEPARTING // APPROX TIME:				
CAN REQUEST EXTENDED OF ANYTIME DURING STAY. EXTENDED FOR THE REMAIN	CHECKOUT FOR \$20/DO FENDED CHECKOUT PR IDER OF THE DAY, AND	OG BY SCHEDULING ROVIDES YOUR PUP V YOU CAN PICK UP A	2:30-10:30AM AND 4-7PM. YOU IN ADVANCE OR REACHING OUT WITH THE OPPORTUNITY TO STAY NYTIME AT OR BEFORE 7PM.				
EMERGENCY CONTACT (SOMEONE LOCAL: NOT TRAVELING WITH YOU)							
NAME:		PHONE NUMBER	:				
FEEDING YE	s no	AMOUNT	PER FEEDING/INSTRUCTIONS:				
BREAKFAST							
LUNCH							
DINNER							
ADDITIVES							
ALLERGIES MEDICATION		SIBLINGS DO THEY NEED TO	YES NO DEAT SEPARATELY?				
ENRICHMENT ADD-ON (\$15		ROOMING BEI	FORE PICK UP:				
EACH)		FRESH N CLEAN (\$33-\$53)					
SNIFF-N-SEEK (INDIVIDUAL)		DOGGY DELUXE (NAIL TRIM AND TEETH BRUSH) (\$22)					
PLAY PALS (INDIVIDUAL)		DESHED (\$46-\$86)					
SNUGGLE TIME (INDIVIDUAL)		PAWDICURE (TRIM AND GRIND) (\$20)					
		TEETH BRUSHING (\$10)					
		EAR CLEANING (S	\$8)				
	IS	IT OK TO PLAY AFTER E	BATH? YES NO				

ITEM	QTY IN	QTY OUT	DESCRIPTION
BED			
TOY			
BLANKET			
LEASH			
FOOD & CONTAINER			
BOWL(S)			
BAG			
OTHER			

HOUSE FOOD CONSENT FORM:

I HEREBY REQUEST CAMP BOW WOW FEED MY DOG HOUSE FOOD DURING HIS OR HER STAY. I UNDERSTAND THAT MY DOG(S) IS AT GREATER RISK FOR COMPLICATIONS SUCH AS BLOAT, ALLERGIC REACTIONS, OR SICKNESS BY EATING FOOD THAT HE OR SHE IS NOT ACCUSTOMED TO, AND I HEREBY ACCEPT ALL RISKS ASSOCIATED WITH THE SAME. SHOULD MY DOG EXPERIENCE ANY SYMPTOMS OF BLOAT OR ANY OTHER ILLNESS, I UNDERSTAND THAT CAMP BOW WOW WILL FOLLOW THE PROCEDURES EXPLAINED IN THE CAMPER APPLICATION. BY SIGNING, I AUTHORIZE CAMP BOW WOW TO FEED MY DOG HOUSE FOOD AND RELEASE CAMP FROM ANY LIABILITY FOR THE SAME.

SIGNED: _	
DATE:	