



CAMPER(S):	DATE ARRIVING:	DATE DEPARTING // APPROX. TIME
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CHECK OUT IS BY 11AM ON DAY OF PICK UP. SUNDAY/HOLIDAY HOURS: 7-10AM, 4-7PM. YOU CAN REQUEST EXTENDED CHECKOUT FOR \$15/DOG BY SCHEDULING IN ADVANCE OR REACHING OUT ANYTIME DURING STAY. EXTENDED CHECKOUT PROVIDES YOUR PUP WITH THE OPPORTUNITY TO STAY AND PLAY FOR THE REMAINDER OF THE DAY AND YOU CAN PICK UP ANY TIME AT OR BEFORE 7PM.

emergency contact (SOMEONE LOCAL--NOT TRAVELING WITH YOU)

NAME	PHONE NUMBER
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feeding

	YES	NO
BREAKFAST	☐	☐
LUNCH	☐	☐
DINNER	☐	☐
ADDITIVES	☐	☐

amount per feeding

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allergies

YES	NO
☐	☐

siblings

	YES	NO
DO THEY NEED TO EAT SEPARATELY?	☐	☐

medications

YES	NO
☐	☐

any grooming before pick up?

enrichment add-on

(\$15 EACH)
☐ SNIFF-N-SEEK
☐ SNUGGLE TIME
☐ PLAY PALS
☐ OTHER: _____

☐ BASIC BATH (BY SIZE, \$34-54)		
☐ NAIL TRIM & DREMEL (\$20)		
☐ EAR CLEANING (\$8)		
☐ TEETH CLEANING (\$10)		
☐ OTHER: _____		
IS IT OK IF YOUR PUP PLAYS AFTER?	YES	NO
	☐	☐

ITEM	QTY IN	QTY OUT	DESCRIPTION
BED			
TOY			
BLANKET			
LEASH			
FOOD & CONTAINER			
BAG			
OTHER			

house food consent form

I HEREBY REQUEST THAT CAMP BOW WOW FEED MY DOG HOUSE DOG FOOD DURING HIS OR HER BOARDING STAY. I UNDERSTAND THAT MY DOG 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 BOW WOW FROM ANY LIABILITY FOR THE SAME.

SIGNED: _____

DATE: _____