

Owner Name \_\_\_\_\_ Dog Name \_\_\_\_\_

Arrival Date \_\_\_/\_\_\_/\_\_\_ Departure Date \_\_\_/\_\_\_/\_\_\_



## Your Doggie's Sleepover Schedule

In order to keep your dog's schedule as close as possible to home, we'd like you to provide us with the following information.

How many times per day does your dog currently eat?

Morning	_____	Quantity	_____	Brand/Type	_____
Lunch	_____	Quantity	_____	Brand/Type	_____
Dinner	_____	Quantity	_____	Brand/Type	_____

Is there any special information we need to know regarding your dog's bathroom schedule/routine?

\_\_\_\_\_  
\_\_\_\_\_

Where does your dog sleep at home?

Crate: \_\_\_\_\_  
Pen: \_\_\_\_\_  
Floor/Dog Bed: \_\_\_\_\_  
Your Bed: \_\_\_\_\_

Does your dog have a favorite sleep toy/item?      Y      /      N

If yes, what is it? \_\_\_\_\_

Are you bringing it for your dog?      Y      /      N

(We recommend you only bring in beds/blankets/toys from home if your dog sleeps in a crate/pen. Please remember that in a sleepover environment the other dogs will have access to these prized possessions and your puppy might be happy about sharing!)

Canine Creature Comforts  
81 Lancaster Ave  
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(610)590-2192

[www.CanineCreatureComforts.com](http://www.CanineCreatureComforts.com)

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Is your dog currently on any medications? Y / N

If yes, what? \_\_\_\_\_

Do we need to administer any medication while your dog is here with us?  
Y / N

If yes, please explain the required dosage, intervals and any other specifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

While you are gone, will you be accessible by any of the following:

Email Y / N Address: \_\_\_\_\_  
Cell phone Y / N Cell #: \_\_\_\_\_  
Other phone # Y / N Phone #: \_\_\_\_\_

Do you want your dog to enjoy any of the following activities?

Walk in Park (\$15.00ea) Y / N # of Days? \_\_\_\_\_  
Playing Catch (\$10.00ea) Y / N # of Days? \_\_\_\_\_

Any other information you'd like to provide for us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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