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| NAME OF DOG |  |
| OWNER’S NAME |  |
| TELEPHONE NUMBER WE SHOULD CONTACT YOU ON WHILE YOU ARE AWAY |  |
| DATE AND TIME OF DROP OFF |  |
| DATE AND TIME OF PICK UP |  |
| PLEASE LIST THE ITEMS YOU ARE LEAVING WITH US (LEADS, BEDDING ETC) |  |
| LIST SPECIFIC FEEDING REQUIREMENTS. NAME OF FEED, AMOUNT AND FREQUENCY.ALSO LIST ANY MEDICATIONS. GIVE THEIR NAME, PURPOSE DOSAGE AND FREQUENCY |  |
| HAS YOUR DOG HAD A RECENT FLEA TREATMENT? MAY WE GIVE A 24HR FLEA PILL IF NECESSARY? |  |

**PLEASE LET US KNOW IF YOU WISH TO PICK UP ON A DIFFERENT DATE OR TIME. WE CAN NORMALLY ACCOMMODATE YOUR REQUEST BUT NEED ADVANCED NOTICE. PLEASE CONTACT US ON 07990-754824 OR 07810-791775 TO ADVISE US OF ANY CHANGES OR BY EMAIL TO DAVID@DOGSLOVEACTIVEPAWS.COM**