

## Camp Canine Special Instructions Sheet

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For office use only:

Animal's Name(s) \_\_\_\_\_ Owner's Name \_\_\_\_\_

Descriptions: \_\_\_\_\_ Dates of stay \_\_\_\_\_

### **STAY INSTRUCTIONS**

Circle: feed own food    feed our food    If we run out of your food can we feed ours? \_\_\_\_\_

What if not eating can we add something ? \_\_\_\_\_

If multiple dogs, can they eat together? **Y or N** If No, Why Not: \_\_\_\_\_

Name \_\_\_\_\_ Feed \_\_\_\_\_ (Cup, Scoop, Bag) 1x, 2x, 3x daily (if 1x am or pm)

Name \_\_\_\_\_ Feed \_\_\_\_\_ (Cup, Scoop, Bag) 1x, 2x, 3x daily (if 1x am or pm)

Name \_\_\_\_\_ Feed \_\_\_\_\_ (Cup, Scoop, Bag) 1x, 2x, 3x daily (if 1x am or pm)

Eating habits/style home \_\_\_\_\_ Eating habits/style when your gone \_\_\_\_\_

Is your dog known to be destructive of (circle): Toys    Bedding    Other \_\_\_\_\_

Is your dog on any medications Y or N    If Y we will complete a separate form

Does your dog have any lumps/bumps/scrapes or sores? Y or N if yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Please indicate any known behavioral / medical problems \_\_\_\_\_

\_\_\_\_\_

Emergency contact for this stay (name / number) \_\_\_\_\_

Are they local? Y or N    Can they care for your dog if, for any reason, we cannot? Y or N

### **For Office Use Only:**

Food in fridge Y or N

Eating habits while here \_\_\_\_\_

Special bowls needed? slow feed    non tip    own stand