

Inventory and Feeding Instructions



PawsCrossing
PET RESORT & SPA

Name of Pet: _____

Dates of Stay: _____

Run#: _____

| <u>Name of Food/Treat</u> | <u>Amount</u> | <u>Morning/Noon/Evening</u> |
|---------------------------|---------------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Items brought in with your pet . Limit 2 toys per pet:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____
- 9.) _____
- 10.) _____

Owner/Guardian

Date

Paws Crossing Staff

Date