

Overnight Camping - Feline

					Paperwork prepped:			
				Vaccine requirements Confirmed: Staff Initials:				
Owner Name:								
Email:		Phone:			Confirm	ned:		
Contact During Stay:		Phone:						
Camper:	Breed:				Color:			
Arrival Date:	Departure D	ate:	Pick u	ıp Time:	AM	/ PM*		
(Pick up times: M	- F 7a-10a, Sa - Su	8a-10a) <mark>*Late ch</mark> e	<mark>eckout is</mark>	available fo	<mark>or an addit</mark> i	onal \$20		
		Camping Packa	aes					
Cozy Cat Cottage \$25 Curious Cat Cottage \$ Treehouse Suite \$38 p Therapeutic Cottage \$ Tech-to-Care For \$85 (Diabetic campers: Ox Playtime option \$10 pe Individual Exploring Tir Brush Out with Pedicus Treat Time Options (3)	er night for kittens less per night 28 per night per night * May be nece 32 per night Patients who require m wn insulin admin \$15 /	than 1 yr old ssary due to pet size onitoring by our ve WPVH Insulin adm A' La Cat Service zzle toy with treats, oreference: Tuna	ze terinary nu in \$37 per ces , laser tag, on Rtiz	injection) fishing pole p	• ,	Temptations)		
└─10 pictures \$7								
Did you bring your pets for What meals do they need Dry Food: Wet Food: Notes:	ood for their stay?	ag / SID BID	er					
I have read the above inf	ormation and confirm	it is correct.						

Date:____