## **BLUE FIRE HOTEL**

Name Dog(s)		_ Age	Spay/Neuter
Breeds/Description			
Your Name			
Address			
Phone(s) Home	Cell	<del> </del>	
Your Email	· · · · · · · · · · · · · · · · · · ·		
Emergency Contact			
Vets Name, Address, Phone			
Medical Conditions			
Dietary Restrictions			
Dates of Stay: Arrival/Time	Departu	re/Time _	
*I understand if I do not pick up my dog 14 da	ays after the ab	ove stated	l departure date, Blue
Fire Dogs may take ownership and/or turn m	y dog over to a	nother ho	me or the ASPCA,
please sign			
Brand of Food	Amoun	t	
**Can we feed treats? Special sauce to encou	urage eating?		
Music Preference			