	ats Bed and Biscuit Owners Last Name:		
Dates of Stay	Pets(s) Name(s):		
Item	List and/or Described Pet Items (brand, shape material, color, etc.)	BHBB Staff Initials	BHBB Staff Initials
Food,	1. □ Cans		
WET	2.   Pouches		
#	3.   Owner Mix Refrigerated		
Food, DRY	1.   Individual Portions		
	2.   Bag and scoop		
#	3.   Container and scoop		
	4.   Scoop Color		
M - J -	5. Container Color		
Meds ( Use back of	1. □ Prescription		
page if more room is necessary)	2. □ Over the Counter		
Pilling Aids	□ Type		
Rawhides/ Bones	□Type		
Treats	□ Type		
Bedding	1. Ded, Color		
#	2.   Blanket, Color		
π	3.   Pillow and/or Pillow cases, Color		
Bowls	1. □ Plastic, Color		
#	2. □ Ceramic, color		
π	3. □ Stainless		
Crates	1□Fabric, color		
	2□Metal, color		
	3□Plastic, color		
Leashes	1. □ Leash, Color □retractable □ Leather		
and/or	2.   Harness, color		
Harnesses			

\*\*YOU MUST CHECK YOUR PET'S INVENTORY BEFORE LEAVING OUR PARKING LOT. WE WILL NOT BE RESPONSIBLE FOR THINGS LEFT BEHIND AFTER YOU LEAVE\*\*

1 □ Squeaky, color\_\_\_\_\_

2 □ Plush, color\_\_\_\_\_

3 □ Rope, color

4. □ Ball, color\_

PET INSPECTION

Toys

Any Items not covered

**Staff Use** 

Only

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