

DEPOSIT AND BOOKING INFO SHEET

| Client Name: | Phone: |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address: | |
| Pet's Name: | Breed: |
| BOOK YOUR STAY. ALL DI TO THIS POLICY AL CANCELLATION. FAILURE WILL RESULT IN A | NG APPOINTMENT A DEPOSIT IS REQUIRED TO EPOSITS ARE NON-REFUNDABLE. IN ADDITION L STAYS REQUIRE A 72 HOUR NOTICE OF TO PROVIDE US WITH THE SAID TIME FRAME BILL FOR YOUR ENTIRE BOOKED STAY* I YOU AGREE TO THE ABOVE CLAUSE WHEN OKING YOUR PETS STAY. |
| Owners Signature: | Date: |
| Staff Signature: | Date: |
| Deposit le | eft: Cash/Check |