

Inventory Check-List

My Name: _____

Departure Date: _____

Please be specific!

Leash; type; color _____

Collar; type; color _____

Blanket/towel; type; color _____

Clothing; type; color _____

Bed; type; color _____

Dry Food; Brand; type of container _____

Canned Food; Number cans; Brand _____

Treats; Brand _____

Bowls; quantity, type; color _____

Toys; type; color _____

Medication: _____

Misc. things that I can't do without! _____

Signature

Date