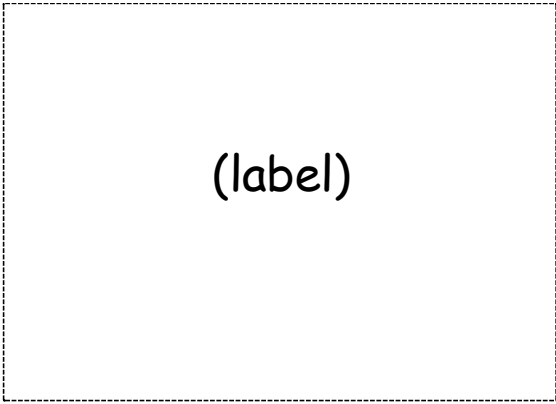


Bath Check-in Form



Contact Phone Number: _____

Pick-up time: _____

Bandana: yes no

Perfume/Cologne: yes no

Nail Trim: yes no

EAG: yes no

Other: _____

