DOG BOARDING CHECK-IN

Pet Parent's Name:
Pet's Name:
Check-In Date:
Is there anything you'd like us to do to make your pet more comfortable while staying with us?
CLIENT INFORMATION
First Name:
Last Name:
Address:
City: State:
Zip:
Cell Phone:
Email:
EMERGENCY CONTACT
Name: Relationship:
Phone Number:
Please list those who are authorized to pick up your pet:
1.) Name:
Relationship:
2.) Name:
Relationship:
PET GUEST INFORMATION
Pet's Name:
Primary Breed:
Weight: Color:

Age/Birthdate:				
Circle where appropriate: Unaltered	Male	Female	Spayed	Neutered
Additional Pet's Name:				_
Primary Breed:				
Weight: Co	lor:			
Age/Birthdate:				
Circle where appropriate: Unaltered	Male	Female	Spayed	Neutered
Additional Pet's Name:				_
Primary Breed:				
Weight: Co	lor:			
Age/Birthdate:				
Circle where appropriate: Unaltered	Male	Female	Spayed	Neutered
	MEI	DICAL HISTORY		
List critically important med (examples: Meds with dosag other dogs and/or people, e	e instructions. T			ence jumping. Has bit
I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative. Client Signature:				
Client Signature:			Date:	

Card on File Authorization Form

Hound Haus: Visa, Mastercard, Discover, and American Exp. Cards

This is the form for you to supply Hound Haus with credit card information to keep on file for the payment of all services and fees. A new form must be completed for each card kept on file.

Card Type (circle): Visa / Mast	ercard / Discover / American Express
Card Number:	
Expiration Date:	CVV Code (Security Code):
	Zip Code:
Please list anyone other than the	cardholder that is authorized to use this credit card.
Name:	
and fees. This credit card will be k credit card account. Applicants M to the address at the top of this fo credit card expiration or authoriz	o charge the credit card listed above for the payment of all services kept on file and will remain in effect until the expiration of the ray revoke this credit card on file by submitting a written request form. A new form must be cemented if any information such as red users is amended. Applicants agree to pay the cost for any Please refer to the boarding and services agreement for more
Date:	