

## 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: \_\_\_\_\_

Circle where appropriate:    Male                      Female                      Spayed                      Neutered

Unaltered

Circle where appropriate:    Male                      Female                      Spayed                      Neutered

Unaltered

Circle where appropriate:    Male                      Female                      Spayed                      Neutered

Unaltered

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Card on File Authorization Form

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.

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

Card Type (circle): Visa / Mastercard / Discover / American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code (Security Code): \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Please list anyone other than the cardholder that is authorized to use this credit card.

Name: \_\_\_\_\_

I hereby authorize Hound Haus to charge the credit card listed above for the payment of all services and fees. This credit card will be kept on file and will remain in effect until the expiration of the credit card account. Applicants May revoke this credit card on file by submitting a written request to the address at the top of this form. A new form must be completed if any information such as credit card expiration or authorized users is amended. Applicants agree to pay the cost for any returned or challenge payments. Please refer to the boarding and services agreement for more information.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_