



## Pet Hotel & Doggy Daycare

850 Medina Road

Medina, Ohio 44256

330-239-4378 / Fax: 330-319-7473

### "Pet Parent" Information:

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

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

Home Phone: \_\_\_\_\_

Spouse: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

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### Pet Information:

Pet's Name: \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Breed: \_\_\_\_\_ Ag Birthday: \_\_\_\_\_

Microchipped? \_\_\_ If Yes, please list microchip information: \_\_\_\_\_

Sex: \_\_\_ Color/Markings: \_\_\_\_\_ Weight: \_\_\_ Spayed/Neutered: \_\_\_

Any Known Allergies? If yes, explain: \_\_\_\_\_

Medications: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times Per Day: \_\_\_

Feeding Times & Amounts: \_\_\_\_\_

Food Brand & Type: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Play Time Preference: Individual Play \_\_\_ Group Play: \_\_\_ Particular Toy Preferred: \_\_\_\_\_

Commands Known: \_\_\_\_\_

Check-in Date: \_\_\_\_\_ Check-in Time: \_\_\_\_\_

Check-out Date: \_\_\_\_\_ Check-out Time: \_\_\_\_\_

### Emergency Contact 1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact 2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Early pick up time will result in a house credit.

24-48 hours advance notice must be given for any cancellations of boarding stays.

Owner's signature: \_\_\_\_\_

