



Dog Dreams Inn, LLC  
CLIENT INFORMATION

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Veterinarian Information

Emergency Contact (other than yourself or vet)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact # \_\_\_\_\_

Phone \_\_\_\_\_

Dog's Name	Breed	Sex	Age (Include birthday)
_____	_____	_____	_____

Dog's Name	Breed	Sex	Age (include birthday)
_____	_____	_____	_____

Medical History \_\_\_\_\_

Special Instructions \_\_\_\_\_

- Price Per Dog Per Night - Boarding (2pm check in/12pm check out): \$35.00
- Price Per Dog Per Day - Daycare 7am-7pm: \$20.00

*Additional fees may apply outside of designated times, please contact us for price & availability.*

*As owner of the above said pet(s), I hereby give consent for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my pet.*

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