



The Dog House – The Ultimate Dog Retreat
CLIENT INFORMATION

Name _____ E-mail _____

Address _____

Home # _____ Cell _____ Work _____

Veterinarian Information

Emergency Contact (other than 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, ask Dog Care Provider for details.

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: _____