

Waggy Hotel - Client & Canine Application

Required vaccines: Rabies, DHLPP and Bordetella.
Expired vaccines **MUST** be given at least **48 hours before arrival**

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Females over the age of 7 months must be spayed.
Intact males over the age of 7 months will be charged \$4 daily.



How did you hear about us: *Friend *Yellow Pages *Email/Newsletter
*Facebook *Newspaper *Website/ Search Engine *Instagram *Yelp *Other _____

Pet Parent Information

1st Last Name: _____ First Name: _____

2nd Last Name: _____ First Name: _____

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

Home: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

Email: _____

Emergency Contacts

(These individuals may drop off or pick up the Canine, other than the Owner.)

Name: _____ Phone Number: (____) ____ - ____

Name: _____ Phone Number: (____) ____ - ____

Credit Card Information

Card Type (circle): Visa Master Card American Express Discover

Card Number: _____

Name on Card: _____

CVV: _____ Expiration Date (mm/yy): _____ / _____ Zip: _____

I, _____, hereby authorize Waggy hotel to charge the credit card indicated herein for any of the following: (a) any outstanding or unpaid balances, which remain unpaid; (b) any emergency medical care that is required at the sole discretion of Waggy hotel; (c) any additional

Owner's Initials: _____

services provided to the Canine in connection with the services requested by Owner.

Signature: _____ Date: _____

Basic Information & Medical History

Pet #1

Name: _____ Breed: _____

Color: _____ Gender: M F Spayed/Neutered: Yes No

Age: _____ Birthday (mm/dd/yyyy): _____ Weight: _____ pounds

Vet Clinic: _____ Phone Number: (____) ____ - _____

Allergies? _____ Past Injuries? _____

Medications: _____ Medical Conditions? _____

Brand of food: _____ Special dietary needs? _____

Are there any specific behaviors or requirements we need to be aware of?

Pet #2

Name: _____ Breed: _____

Color: _____ Gender: M F Spayed/Neutered: Yes No

Age: _____ Birthday (mm/dd/yyyy): _____ Weight: _____ pounds

Vet Clinic: _____ Phone Number: (____) ____ - _____

Allergies? _____ Past Injuries? _____

Medications: _____ Medical Conditions? _____

Brand of food: _____ Special dietary needs? _____

Are there any specific behaviors or requirements we need to be aware of?

Owner's Initials: _____

Owner's Initials: _____