

Dog Name: _____

Date: _____


Pet Parent Information:

Name: _____

1st contact: _____  Cell: () _____

2nd contact: _____  Cell: () _____

 _____  Work: () _____

Address: _____  Home: () _____

Email: _____

Preferred Method of Communication: (order 1-5, 1 most efficient)



Email _____ Text _____ Cell _____ Home _____ Work _____



Emergency Contact:

Name: _____

Phone: _____

Pet House Information:

Any other pets in the house? _____ Name: _____

Point of Entry: _____ Key: _____

Alarm Code: _____ Garage Code: _____

Veterinary Contact:

Office: _____

Doctor Name: _____

Address: _____

Phone: _____

I agree to pay, **Ellen Greeneisen**, of Hiking Hounds, LLC for all services rendered. **Boarding payments for non-pack members are due upon receipt and a 15% service fee will be charged after 30 days. Unpaid Hiking Payments past 30 days will be assessed a 5% surcharge.**

Signed: _____ Date: _____