



Wag-On-Inn

Pet Hotel & Doggy Daycare

850 Medina Road

Medina, Ohio 44256

330-239-4378

"Pet Parent" Information:

Name: _____ Home Phone: _____
Spouse: _____ Cell Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____ Email: _____

Pet Information:

Pet's Name: _____ Dog ___ Cat ___ Breed: _____ Age: _____
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: _____
Potty Schedule: _____ Potty Commands: _____
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: _____

A credit card is required to hold this reservation. You must cancel your pet's reservation 48 hours prior to check-in date and time. Failure to cancel without advance notice will result a charge to two night's boarding. Your credit card will only be charged at time of pick-up unless other form of payment is made.

Card Number: _____ Exp Date: _____ CVV2# _____

Name as it appears on the credit card _____

Billing Address: _____ City _____ State _____ Zip _____

Card Holders Signature: _____

Print Name: _____ Date: _____

The signature above confirms that we are authorized users of the credit card described and all information provided is lawful and accurate. As the sole credit card holder, we grant Wag-On-Inn full rights to process this credit card for services provided, unless other forms of payments are arranged.