Your Pup's Name

_____

Would you like an exit bath ($25)?
YES / NO

PUPS AT PLAY
Emergency Contact

Boarding Details

Drop-Off Date _____ Pick-Up Date _____

Drop-Off Time _____ Pick-Up Time _____

Emergency Contact

Name: _____

Phone Number: _____

Relationship: _____

I hereby authorize the person above to pick up my dog if he/she has to be sent home for any reason during his/her stay at PUPS AT PLAY (including but not limited to physical injury/illness and behavioral issues), or if I am unable to pick up my dog as scheduled for any reason.

Owners Name: _____

Owners Signature: _____

Date: _____