

Cloud 9 doggy daycare - Authorization Form

Your Dog's Information (to be completed prior to boarding)

Name of Dog: _____

Breed: _____

Color: _____

DOB: _____ Sex: (please circle) M or F

Spayed/Neutered: (please circle) Y or N

Microchip #: _____

Registration #: _____

I hereby authorize the veterinarian to exam, prescribe for, or treat the above named pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

I hereby authorize the use of this card in the event of an emergency visit for my pet to the veterinarian.

Credit Card Information

Card Type: VISA MSTCD AMEX Exp Date: _____

Number: _____ CVS ____ Limit: \$ _____ .00

Signature of Guardian _____ Date _____