

Pet Stay Application



📍 2311 Alsace Ave.

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🌐 doggiehugshotel.com

(Please Print)

Pet Information

Pet's Name: _____

Breed: _____ Pet's Age: _____

Sprayed or Neutered: _____ Pet's Sex: Male Female

Owners Name(s): _____

Phone Number: _____ Work Number: _____

Email: _____

Home Address: _____

Emergency Contact

Contact Name #1: _____ Phone Number: _____

Contact Name #2: _____ Phone Number: _____

More information about your pet

Any history of biting or nipping? _____

Feeding Instructions: _____

Veterinarian Information

Veterinarian Name: _____ Phone Number: _____

Veterinarian Address: _____

Does your dog have food allergies? _____

Medication Instructions: _____

We give you permission to authorize emergency medical care for our pet(s) as deemed necessary by a veterinarian, and we will be responsible for full payment of such care.

Yes No Call us first

How did you hear about us? _____

Signature

Date