



**The Crate Escape, Inc.**  
**Overnight Cabin Check-In Form**  
(To be completed for each boarding stay)

CLIENT NAME: \_\_\_\_\_

DOG(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE(S): \_\_\_\_\_

NAME, ADDRESS & PHONE NUMBER OF YOUR OUT-OF-TOWN LOCATION (IF APPLICABLE):  
\_\_\_\_\_

EMERGENCY CONTACTS:

NAME: \_\_\_\_\_

NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PERSONAL ITEMS BROUGHT FROM HOME:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOUR VACCINATION RECORDS IN OUR FILE ARE OVER ONE YEAR OLD, PLEASE BRING A COPY OF UPDATED VACCINATIONS.

CREDIT CARD NUMBER ON FILE:  VISA  MASTERCARD

NUMBER: \_\_\_\_\_

EXPIRATION DATE (M/Y): \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**DOGS MUST ARRIVE BETWEEN 7 AM AND 9 AM ONLY. SORRY, NO EXCEPTIONS.**

**CHECK IN:** DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**CHECK OUT:** DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_