



**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: \_\_\_\_\_