



**Charlie's Doghouse, Inc.**  
**140 W. Terra Cotta Ave.**  
**Crystal Lake, IL 60014**

**815-450-9950**

**Owner Information/Enrollment Form**

Name (s): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phones: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: (if we cannot reach you):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other people authorized to pick up pet(s): \_\_\_\_\_

What is the best way to reach you? \_\_\_\_\_  
(cell phone, email, etc)

How did you hear about Charlie's Doghouse, Inc.? \_\_\_\_\_

Credit Card: (required for overnight care and boarding)

\* This information will be held in the strictest confidence in a secure location.

Card Number: \_\_\_\_\_ Exp Date: MM/YY \_\_\_\_\_

Billing Address: (if different than above) \_\_\_\_\_

Authorization signature: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

_____ Enrollment Form	_____ Temperament Tested
_____ Pet Information	_____ Health Certification
_____ Liability Waiver	_____ Information and Policies Handout