



# V.I.P. Pet Boarding

*A Vacation for your Pet*

200 Highway 5 West  
Waconia, MN 55387  
Phone: 952.442.5155  
Fax: 952.442.5183

BOOKING REQUEST: Please complete the form below and fax to: 952.442.5183

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Your phone numbers (include area code): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Your email address: \_\_\_\_\_

Requested arrival date: \_\_\_\_\_

Requested departure date: \_\_\_\_\_

Number of pets: \_\_\_\_\_

Please tell us about each pet:

<b>Pet # 1</b>	<b>Pet # 2</b>	<b>Pet # 3</b>	<b>Pet # 4</b>
Type of Pet :(i.e. dog, cat, etc.)	Type of Pet :(i.e. dog, cat, etc.)	Type of Pet :(i.e. dog, cat, etc.)	Type of Pet :(i.e. dog, cat, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pets name:	Pets name:	Pets name:	Pets name:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breed:	Breed:	Breed:	Breed:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weight:	Weight:	Weight:	Weight:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age:	Age:	Age:	Age:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:

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