

Pet Information Sheet (Proof of Current Vaccinations Required)

Pet Owner's Name(s): _____

Address: _____

Phone(s): Home: _____ Cell: _____ Work: _____ Email: _____

Emergency Contact: _____ Phone(s): _____

Name & Phone of Vet: _____ Phone: _____ City: _____

In the unlikely event of an injury or serious illness, your pet will be transported to an available vet. If your vet is unavailable for emergency treatment your pet will be taken to the nearest emergency facility at owners expense.

Maximum Amount Authorized for each pet: _____

Pet Name: _____ Type of animal: _____ Age: _____ Breed (If known): _____
(Dog, Cat, rabbit, etc.)

Sex: ___M ___F Has your pet been spayed, neutered, etc.? ___Yes ___No ___Unknown

Any cautions? _____

Type of flea control used? _____ Is your flea control current? _____

Feeding Instructions and/or concerns: _____

***Our rates include feeding twice per day. Most veterinarians state that a change of diet is unhealthy and/or stressful. If you do not want your pet to have their nutrition changed you must bring in their regular food with feeding instructions for our employees to administer.**

Medications required? (Explain what for, dosage, cautions, etc.) _____

Any known allergies? _____

Special Bathroom Needs? (Goes only on grass, newspaper, or other?) _____

Does your pet try to escape? (Dig, jump, rush doors, etc.) How? _____

The best way to help us make your pet happy and comfortable is to tell us what to expect. It is critical for us to show your pet how we respect what they need in order to make them feel comfortable *and secure*.

Please explain or circle all that apply:

Is your pet: Shy? Aloof? Friendly? Energetic? Inactive? Frightened easily? Slow to warm-up, yet friendly? Other? _____

Does your pet: Growl? Play rough? Bark excessively? Howl? Chew? Other? _____

Has your pet ever bit anyone? _____ If yes, please explain: _____

Is your pet aggressive to: People? Children? Other Animals? Nothing? Anything Else? Please Explain: _____

Is your pet possessive of objects or food? Explain: _____

What does your pet dislike and what does it do? _____

What treats, games, toys, etc. does your pet like? _____

Is your pet trained to obey basic commands or any other special training? _____

Please Read Carefully

We promise you impeccable cleanliness, comfort, and safety for your beloved pet. Play yards are a huge benefit that we provide where other kennels may not. You can request solitary play yards (as available) or social interaction "play" time with another pet. Only you can authorize this play time with other social pets. However, please know this, "The only predictable aspect with animals is that they are unpredictable". When you give permission for your pet to be with playmates you are taking **total responsibility** for your pet's **safety and actions**. Our social interaction **unconditional policy** is; "If your pet injures another or another animal injures your pet, there shall be no claims against any of our clients, employees, or owners, regardless of which animal was the aggressor". Your request for social interaction for your pet must acknowledge that your pet has no known aggressive tendencies and also acknowledge that any social interaction between animals will always be unpredictable. Please initial one section and indicate pet(s) by name.

I HEREBY REQUEST *ONLY* SOLITARY PLAY YARDS FOR MY PET _____

I HEREBY REQUEST PLAY TIME WITH OTHER SOCIAL PETS _____

Note: All species are kept completely separated at this facility unless otherwise requested by owner.
I certify that I own this pet and all of the above information is true to the best of my knowledge.

Signature of Owner(s): _____ Date: _____