



Owner  
Name:

Date:

Address:  
City, State  
Zip

Hm Ph:

Cell Phone with First Name:

Alternate Ph Numbers & Names:

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**Absentee Guardian (Person authorized to make decisions regarding your pet, other than your spouse):**

Name: \_\_\_\_\_ Relation to Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Veterinarian Information (Doctor with most of your pet's medical history):**

Name Of Clinic: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If fleas/ticks are found on my pet, I understand they will be treated at my expense: \_\_\_\_\_ *Initial*

I understand that my dog/cat must be current on all required vaccines at each visit or my boarding WILL be declined. \_\_\_\_\_ *Signature*

Dog: 1) Distemper/Parvo 2) Bordatella 3) Rabies

Cat: 1) FVRPCPC 2) Rabies

**DISCOUNTS** Select One For 10% Off The Full Priced Boarding Pet. Please Show I.D. Card:

Senior Citizen (55+)

Military(active/retired)

Teacher(active/retired)

<i><b>PET INFO</b></i>	<b>Pet #1</b>	<b>Pet #2</b>	<b>Pet #3</b>	<b>Pet #4</b>	<b>Pet #5</b>
Name					
Dog or Cat					
Breed <i>(Boxer, Persian, etc)</i>					
Color <i>(special markings)</i>					
Approximate Weight					
Age or Birthdate					
<i>male or neutered female or spayed</i>					