PET INFORMATION SHEET FOR BOARDING

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neighbor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian Name/Address/Phone:

|  |  |  |
| --- | --- | --- |
|  | Pet 1 | Pet 2 |
| Pet’s Name |  |  |
| Color/Breed |  |  |
| Gender |  |  |
| Age |  |  |
| Weight |  |  |
| Spayed/Neutered |  |  |
| Allergies/Medications |  |  |
| Current on all shots? |  |  |
| Rabies Tag # |  |  |
| Specific feeding instructions |  |  |
| Treats |  |  |
| Specific habits or behaviors? |  |  |
| I allow my dog to play with other dogs? Choose one: | YES NO | YES NO |
| Special Instructions for your pet’s care: |  |  |

I AGREE TO PAY IN FULL AMOUNT AGREED UPON AT THE END OF EACH WEEK/VACATION, IN ADDITION TO ANY ADDITIONAL COSTS ACQUIRED ON MY PET’S BEHALF INCLUDING ANY EMERGENCIES OR HEAVY DAMAGE TO SANDY’S PET SERVICE PROPERTY.

PLEASE SIGN AND DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DROP OFF DATE: PICK UP DATE:

Thank you for letting us take care of your pets!

|  |  |  |
| --- | --- | --- |
|  | Pet 3 | Pet 4 |
| Pet’s Name |  |  |
| Color/Breed |  |  |
| Gender |  |  |
| Age |  |  |
| Weight |  |  |
| Spayed/Neutered |  |  |
| Allergies/Medications |  |  |
| Current on all shots? |  |  |
| Rabies Tag # |  |  |
| Specific feeding instructions |  |  |
| Treats |  |  |
| Specific habits or behaviors? |  |  |
| I allow my dog to play with other dogs? Choose one: | YES NO | YES NO |
| Special Instructions for your pet’s care: |  |  |