

THE PET PLACE

Date _____

CUSTOMER INFORMATION

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Referred by _____

Emergency Contact _____

Veterinary Information

Clinic Name _____

Phone _____

City/State _____

Flea & Tick Prevention

Product name _____

Date last administered ___/___/___

Pet Information

Name _____ Breed _____ DOB/Age _____ Color _____

Sex (Spayed/Neutered?) _____ Failing vision? _____ Failing hearing? _____

Chronic Illnesses or medical conditions? _____

Allergies? _____ Special rules or behavior quirks? _____

Is your dog aggressive with people or dogs? _____ Protective of food? _____

Has your dog ever bitten a person or dog? _____

Does your dog socialize with other dogs? _____ Where? /How often? _____

BOARDING INSTRUCTIONS

____ Share kennel with housemate (no food dominance or eating housemate's food)

____ Board alone/ allow to play outside with appropriate companion

____ Board alone/ outside alone

EMERGENCY VETERINARY CARE DIRECTIVE (select one of the following choices)

If my pet becomes seriously ill and I cannot be reached, follow these instructions for veterinary care:

____ Pursue any diagnostic tests and extraordinary measures offered by the treating veterinarian.

____ As long as my pet is likely to recover its previous quality of life, pursue any diagnostic tests and extraordinary measures by the treating veterinarian.

____ I do not want extensive diagnostic tests or any extraordinary measures taken.

____ If possible, keep veterinary expenses under \$_____ (\$300 min.) until I can be reached.

Owner Signature _____ Date ___/___/___ (Please turn page over)

The Pet Place – Boarding Agreement

All the pets are boarded at The Pet Place without liability for loss of your pet due to illness, injury, death, theft, fire, or other unavoidable causes. You, the pet owner, are responsible for all costs for any property damage or personal injury to other pets during its stay. All charges for boarding, grooming, other services, and damages are payable upon departure of your pet. Should your pet become ill or injured, you shall be notified at once if possible. I, Michelle Ahrendsen, reserve the right to obtain information, advice, and medical attention from a veterinarian of my choice, concerning your pet. Any incurred vet charges are to be paid by you, the pet owner, upon your pet's departure from The Pet Place. **As a condition of this agreement, you authorize the release of your pet's vaccination and medical information to The Pet Place at any time prior to, during, or after the performance of services. You, the pet owner, also authorize Michelle Ahrendsen to make medical/surgical decisions for your pet, on your behalf, if you cannot be reached immediately and your pet's condition is time sensitive. Your wishes, under the Emergency Veterinary Care Directive section of your intake form, will be followed if you cannot be reached immediately.**

This agreement shall be in effect each time the pet owner requires the services of The Pet Place for this pet and any other future pet owned by the signee of this agreement.

Signature of Pet Owner _____ date _____

Signature of Pet Owner's Agent _____ date _____

All prices and policies are subject to change without notice