BOARDING & DAYCARE GUEST FORM

PRIMARY OWNER: _____**DATE**_____

ADDRESS: _____

Street   Apt#   City   Zip Code

Primary Contact Information: please place an "x" next to your preferred method of contact:

☐ **Home:** _____ ☐ **Work:** _____ ☐ **Cell:** _____

E-Mail: _____ **How did you hear about us?** _____

EMERGENCY CONTACT

Name: _____

Home Phone: _____ Cell: _____

Veterinarian/Clinic Name: _____

Address/City: _____ **Phone:** _____

Proof of vaccinations from your veterinarian must have been faxed ____or be present ____ at time of check-in.

Pet on regular flea prevention? Yes ____ No _____ If yes, when given last _____

Has your pet been at a boarding facility before? _____

Pet Name: _____Species _____	Pet Name: _____ Species _____
Breed: _____Color/Markings: _____	Breed: _____ Color/Markings: _____
Age: _____ Approximate Weight: _____	Age: _____ Approximate Age: _____
Sex: ____ Spayed/Neutered? Yes ___ No ___	Sex: ____ Spayed/Neutered? Yes___ No ___
Current Medications: _____	Current Medications: _____
Special Instructions: _____	Special Instructions: _____
Brand of Food: _____	Brand of Food: _____
Times Daily: _____ Amount Total: _____	Times Daily: _____ Amount Total: _____

At Canine Corner and Cats too! the health, safety, and comfort of our guests is our primary concern. Therefore, any guest found to have parasites of any kind (fleas, ticks, intestinal worms, etc.) or suspected to have an infectious disease (kennel cough, influenza, etc.) will be treated appropriately at owner's expense and/or may be placed in an area of isolation to prevent spread of disease. By signing below, you indicate you understand and agree to the terms above. You also agree the information you have provided on this form is accurate to the best of your knowledge.

Signature