



## GUEST INFO SHEET

Pet's Name \_\_\_\_\_ Cat  Dog  Age \_\_\_\_\_

Breed \_\_\_\_\_ Female  Spayed  Male  Neutered

Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Check in: Date \_\_\_\_\_ Time \_\_\_\_\_

Check out: Date \_\_\_\_\_ Time \_\_\_\_\_

Diet: Dry  Canned  Semi-moist  Special \_\_\_\_\_  
1x  2x  Amount \_\_\_\_\_

Pet Belongings \_\_\_\_\_

Medication \_\_\_\_\_

1x  2x  3x

Allergies or other Medical Conditions \_\_\_\_\_

Does your dog have a tendency to chew—i.e. beds, door trim, etc? Yes  No

If yes, we may have to remove their bed. We will do our best to keep any chewing to a minimal; however there may be a charge for damage that has occurred.

Special Instructions \_\_\_\_\_

*If you would like to have your dog groomed while boarding, please call for an appointment.*

I certify that I am the owner of \_\_\_\_\_ I hereby grant permission to All About Pets at Arrow boarding establishment to act in my behalf, and in my pet's best interest, by obtaining veterinary care at my expense, if deemed necessary, for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my pet(s) during its stay at All About Pets at Arrow. All About Pets at Arrow agrees to exercise all due and reasonable care to prevent injury or illness to my pet(s), however, in the event of illness or injury, the owners and employees of all About Pets at Arrow shall not be held personally liable for such illness or injury. I agree to pay all costs associated with boarding my pet(s). Also, I agree to pay all cost for property damage or personal injury caused by my pet(s) during its stay. I agree to pay all charges on the day of pick-up of my pet(s) and I understand that my pet(s) may not leave the premises until all charges are paid in full. I understand that any animal left for ten days beyond the agreed day of pick-up may be sold or disposed of at the discretion of the kennel owners. I understand in the event of a hurricane evacuation I must make plans for my pet(s) to be picked up.

Print Your Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please fax in advance with current vaccination records

All pet guests must have current vaccination records (no exceptions), and be on a heartworm, and flea and tick prevention program.

Dogs: Rabies, Distemper, and Bordetella (kennel cough).

Cats: FVRCP, Rabies, and Feline Leukemia

### Office Use Only

Aggressive toward other dogs \_\_\_\_\_

Aggressive toward people \_\_\_\_\_

Medication \_\_\_\_\_