

PET PROFILE (cat)

THIS FORM MUST BE COMPLETED AND RETURNED 1 WEEK PRIOR TO CHECK-IN ALONG WITH VACC CERT

OWNER _____ PET'S NAME _____

ADDRESS _____ BREED _____ AGE _____ COLOR _____

PHONE (HOME) _____ WORK _____ CELL _____ EMERGENCY _____

VETERINARIAN'S NAME _____ VET PHONE _____

DATE OF LAST FPG/FPV/FVR/FCV/FelV(DISTEMPER): _____ Rabies EXPIRES: _____

ALSO A COPY OF Evidence of a Negative test for Feline Leukemia must be submitted to us
ABOVE VACCINATIONS MUST BE CURRENT & PHOTOCOPY OF CERTIFICATES FROM VET MUST BE ATTACHED TO THIS FORM

FEEDING INSTRUCTIONS 1 OR 2 TIMES/DAY (circle one) _____

PLEASE ONLY BRING ENOUGH FOOD FOR PETS' STAY-IN A SEALED CONTAINER-OR ZIP-LOCK BAGGIES

ANY MEDICAL PROBLEMS _____

MEDICATIONS & INSTRUCTIONS _____

FLEA TREATMENT YOUR PET IS ON _____ LAST DATE GIVEN _____

ALL PETS MUST BE ON A FLEA TREATMENT OR ONE WILL BE GIVEN AT OWNERS EXPENSE \$15

QUIPS/QUIRKS/BEHAVIOR PROBLEMS _____

BELONGINGS _____

IS PET TO BE PICKED-UP OR CHECKED-IN BY SOMEONE OTHER THAN YOU? YES NO
THEIR NAME _____ ADDRESS _____ PHONE _____

I certify that I am the owner of the above pet. I hereby grant permission to GLAMOROUS K9'S and its owners 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 during its stay here. I agree to pay all costs for any property damage or personal injury caused by my pet during its stay. I agree to pay all extra charges incurred on the day of pick-up of my pet and I understand that my pet may not leave the premises until all charges are paid in full.

This boarding facility, GLAMOROUS K9'S, agrees to exercise all due and reasonable care to prevent injury or illness to my pet. However, in the event of illness or injury, the owners and employees of GLAMOROUS K9'S shall not be held personally liable for such injury or illness.

SIGNED _____ DATE _____