

PET PROFILE

THIS FORM MUST BE COMPLETED AND RETURNED WITH COPIES OF PROOF OF VACCINATIONS 1 WEEK PRIOR TO CHECK-IN FOR PRE-APPROVAL / ALL REQUIREMENTS MUST BE FOLLOWED FOR ADMITTANCE-NO ACCEPTIONS

OWNER _____ PET'S NAME _____

BREED _____ SEX _____ AGE _____ WEIGHT _____ COLOR _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ WORK _____ CELL _____ EMERGENCY _____
NAME _____

VETERINARIAN'S NAME _____ VET PHONE _____

DATE RABIES EXP _____ (required by PA law) DHLP-P _____ *BORDETELLA _____

ABOVE VACCNS MUST BE CURRENT & PHOTOCOPY OF PROOF FROM VET MUST BE ATTACHED TO THIS FORM

FLEA TREATMENT YOUR PET IS ON _____ LAST DATE GIVEN _____

ALL PETS MUST BE ON A FLEA TREATMNT (Frontline or Adv) OR ONE WILL BE GIVEN AT OWNERS EXPENSE. PROOF OF FLEA TREATMENT PURCHASE MUST BE PROVIDED-PLEASE ATTACH RECEIPT OR DOCUMENT TO THIS FORM

LICENSE # _____ COUNTY _____ TAG OR TATTOO (circle one)

FEEDING INSTRUCTIONS 1 OR 2 TIMES/DAY OR FREE FEED (AMOUNT) _____
PLEASE ONLY BRING ENOUGH FOOD FOR PETS' STAY-IN ZIP LOCK BAGS

SPECIAL NEEDS/INSTRUCTIONS/QUIPS-QUIRKS _____

ANY MEDICAL PROBLEMS _____
PLEASE LIST ALL-EXAMPLE: ARTHRITIS,ALLERGIES,HEART,HOT-SPOTS,EYE OR EAR INFECTIONS, SORE FEET, RECENT SURGERY, ETC.

MEDICATIONS & INSTRUCTIONS _____
Extra fee of \$1 per day/please put in daily container or baggies by dose w/pet's name

FOOD ALLERGIES _____ IS YOUR PET ALLOWED TREATS? YES NO

IS YOUR PET A CHEWER OF PROPERTY ITEMS? YES NO ALL DAMAGES WILL BE AT OWNERS EXPENSE

BEHAVIOR PROBLEMS _____
Any property damage will be at owner's expense

IS YOUR PET CAGED WHEN YOU ARE NOT AT HOME _____

IF PET GETS SICK TUMMY (DIARRHEA ETC) OK TO GIVE?? IMODIUM _____? PUMPKIN _____? HAMBURG/RICE _____?
Additional charges for above to be paid at check-out

IS YOUR 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 as injury or illness or death.

X SIGNED _____ DATE _____