



OWNER _____ PET'S NAME _____


BREED _____ SEX _____ SPAYED/NEUTERED _____ AGE _____ B-DAY _____ WEIGHT _____ COLOR _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____


PHONE _____ CELL _____ CELL(2) _____ EMAIL _____

EMERGENCY CONTACT _____ PHONE _____ CELL _____

VET'S NAME _____ VET'S PHONE _____

 DATE RABIES GIVEN _____ EXPIRES _____ 1 or 2 or 3 years?
 DISTEMPER GIVEN (DHLPP) _____ EXPIRES _____
 BORDETELLA GIVEN (DHLPP) _____ EXPIRES _____ (MUST BE GOTTEN AT LEAST 2 WKS PRIOR)
 COPY OF CURRENT DOCUMENTATION FROM VET MUST ACCOMPANY THIS FORM

MICRO-CHIP# _____ LICENSE# _____ COUNTY _____
 A DOG LICENSE FOR THE COUNTY IN WHICH THEY RESIDE IS REQUIRED EVEN IF MICRO-CHIPPED YEARLY/LIFETIME TAG/TATTOO

 DATE OF LAST FeIV (DISTEMPER) _____ EXPIRES _____
 RABIES GIVEN _____ EXPIRES _____
 FELINE LEUKEMIA TEST GIVEN _____
 A COPY OF EVIDENCE OF A NEGATIVE TEST FOR FELINE LEUKEMIA MUST BE SUBMITTED WITH THIS FORM
 A COPY OF CURRENT DOCUMENTATION FROM VET MUST ACCOMPANY THIS FORM

FLEA TREATMENT YOUR PET IS ON _____ LAST DATE GIVEN _____
 ALL PETS MUST BE ON A VET PRESCRIBED TYPE FLEA TREATMENT (FRONTLINE OR ADV) PLEASE ATTACH PROOF TO THIS FORM

FEEDING INSTRUCTIONS AM _____
 PLEASE ONLY BRING ENOUGH FOOD FOR PET'S STAY. MUST BE IN ZIP LOCK BAGS ONLY.
 NO CONTAINERS OR DOG FOOD BAGS. PM _____
 TREATS _____

SPECIAL NEEDS/BEHAVIOR PROBLEMS _____

ANY MEDICAL PROBLEMS? _____
 MEDICAL ISSUES EXAMPLES: ARTHRITIS, ALLERGIES, HEART, HOT-SPOTS, EYE/EAR INFECTIONS, SORE FEET, RECENT SURGERY, ETC.

MEDICATIONS & INSTRUCTIONS _____
 EXTRA FEE APPLIES FOR ADMIN OF MEDS. PLEASE PUT MEDS IN DAILY DOSING PILL CONTAINER

IS YOUR PET A CHEWER OF PROPERTY ITEMS? YES NO ALL DAMAGES WILL BE AT OWNERS EXPENSE
 IS YOUR PET CAGED/CONFINED WHEN YOU ARE NOT AT HOME? YES NO YOU CAN BRING YOUR PET'S CAGE
 MAY YOUR PET BE PICKED-UP OR CHECKED-IN BY SOMEONE OTHER THAN YOU? YES NO

THEIR NAME _____ ADDRESS _____ PHONE _____ CELL _____

I certify that I am the owner/guardian 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 the 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. The 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, or death, the owners and employees of GLAMOROUS K9'S shall not be held personally liable for injury, illness, or death.

X SIGNATURE _____ DATE _____