

OWNER'S NAME: _____

MAILING ADDRESS: _____

TELEPHONE #: _____ CELL #: _____

VETERINARY CLINIC: _____ TELEPHONE #: _____

EMERGENCY CONTACT: _____ TELEPHONE #: _____

PET INFORMATION

NAME: _____ BREED: _____ FEEDING: _____ cups X _____ daily

COLOUR: _____ AGE: _____ SEX: M / F SPAY / NEUTER

MEDICAL CONDITION(S): _____ DESCRIBE: _____

MEDICATIONS: _____ X _____ daily _____ X _____ daily

NAME: _____ BREED: _____ FEEDING: _____ cups X _____ daily

COLOUR: _____ AGE: _____ SEX: M / F SPAY / NEUTER

MEDICAL CONDITION(S): _____ DESCRIBE: _____

MEDICATIONS: _____ X _____ daily _____ X _____ daily

NAME: _____ BREED: _____ FEEDING: _____ cups X _____ daily

COLOUR: _____ AGE: _____ SEX: M / F SPAY / NEUTER

MEDICAL CONDITION(S): _____ DESCRIBE: _____

MEDICATIONS: _____ X _____ daily _____ X _____ daily

Tell us about your pet: _____

Any special games they like to play? _____

Does your pet have any anxieties (i.e. thunder/separation) that we should be aware of? If so, please describe: _____

OUT WITH OTHER ANIMALS: Yes No What habits do you observe when your dog socializes with other pets? _____

What items did you bring for your pet? Toys (describe): _____

Bedding (describe): _____

Cage/kennel (describe): _____

REFERRED BY: _____

BOARDING FEES (not including G.S.T.)

DOGS	
<i>Number (per kennel)</i>	<i>Daily Fee</i>
1	\$15.00
2	\$25.00
3	\$35.00

CATS	
<i>Number (per kennel)</i>	<i>Daily Fee</i>
1	\$10.00
2	\$16.00
3	\$24.00

BUSINESS HOURS

Monday to Friday

8:30 a.m. to 11:00 a.m.

4:00 p.m. to 7:00 p.m.

Saturday

9:00 a.m. to 1:00 p.m.

Sundays

1:00 p.m. to 6:00 p.m.