

## CLIENT INFORMATION

Name:

Address:

City:

State:

Zip Code:

Home:

Cell:

Work:

E-mail Address:

**How did you hear about us?**

**If referred, by who?-**

**Please provide their name so that we can thank them!**

## EMERGENCY CONTACT INFORMATION

Name:

Relation:

Phone:

Who besides yourself is authorized to pick-up your pet(s)?

Name:

Phone:

Name:

Phone:

I understand that I am welcome to bring my pet's belongings, including leashes, toys, bedding, etc., however, Almost Home Boarding and Training does not assume liability for any item that is lost, eaten or destroyed. In the event that my pet becomes ill, I understand that I will be contacted by all possible means for directions on treatment. I understand that if I choose, All Pets Veterinary Center, Dr. Missy Jewell can exam and advise treatment plan at owner's expense. In the event of an emergency, I understand that my pet will be taken directly to Louisville Veterinary Specialty and Emergency Services for treatment. I understand that I will be held responsible for any damages my pet may cause through malicious or improper conduct to people, property or other pets. This includes damages that may occur when pets are boarded together at my request. I further understand that payment is due in full when services are rendered and that my pet will not be released from the care of Almost Home Boarding and Training until payment is received. I also understand that pet abandonment may be a criminal or civil violation of the statutes of the State of Kentucky

Signed:

Date: \_\_\_\_\_

Valid for one year from date of signature

## PET INFORMATION

|  |                       |                     |
|--|-----------------------|---------------------|
| Name:  |                       | Breed:              |
| Breed:   | Male: neutered/intact | Female: Spay/Intact |
| Date of Birthday   | Color:                |                     |
| Veterinarian:  |                       |                     |
| Does your pet take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                     |
| <b>Medication:</b>   | <b>Directions</b>     |                     |
|  |                       |                     |
|  |                       |                     |
| <b>Feeding Instructions</b>  |                       |                     |
| How often is your pet fed?<br>Do you leave food out all the time?    yes    no    What food? |                       |                     |
| <b>Food:</b><br>Amount:<br>Amount:<br>Amount:  |                       |                     |
| Can your pet have treats while staying here?    yes    no                                    |                       |                     |
| <b>ADDITIONAL INFORMATION</b>  |                       |                     |
| Has your pet ever been boarded before?   |                       |                     |
| Does your pet have any past or current injuries?   |                       |                     |
| What type of bowls does your pet eat from?   | Drink from?           |                     |
| What type of cage does your pet stay in?   |                       |                     |
| Is your pet loose at home?   |                       |                     |
| What toys does your pet enjoy playing with?  |                       |                     |
| Any special instructions?  |                       |                     |