



PET INFORMATION FORM

DATE: _____

PRIMARY CONTACT NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Additional Phone #: _____

E-Mail: _____ **RATE:** _____

SECONDARY CONTACT: _____

Phone #: _____ Additional Phone #: _____

Pet's name: _____ Breed: _____ Age: _____ Color _____ Dog? Cat?

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Sex: ___ M ___ F Spayed or Neutered?: _____ Date of Birth _____

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EMERGENCY CONTACT: _____ Phone #: _____

Referral? : _____

Veterinarian: _____ **Phone:** _____

CURRENTLY ON FLEA PREVENTITIVE? YES NO If yes, what kind? _____

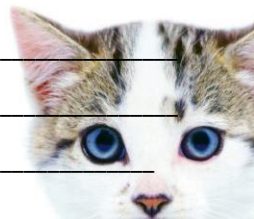
EXPIRATION DATES

DHPP/FVRCP _____

Bordetella _____

Rabies _____

List feeding instructions including quantity and frequency:



List any health concerns like anxiety, destructive behavior, excessive barking?

Is your pet afraid of loud noises? Fireworks – Thunder. Yes No

Policy and Disclaimer

The Gig Harbor Kennel pledges to give the very best care possible to all our guests.

If your pet becomes seriously ill, we will attempt to notify you and/or the emergency contact person. In the event the owner does not immediately inform us of desired measures to be taken, or if the state of the animal's health demands immediate action, we reserve the right to have your pet(s) veterinarian or the facility's veterinarian administer necessary medical treatment within our discretion or judgment. The owner upon dismissal of the pet shall pay for such expenses.

I certify that my pet(s) are free of **contagious diseases, including external and internal parasites and has not bitten anyone**. I understand that if my pets have been found to have external parasites, they will be treated and my account will be charged accordingly. I also certify that my pet is current on all vaccinations and have provided written documentation.

Is your pet is aggressive toward other dogs or people? Yes or No?

On an occasion we may find it necessary to use a muzzle.

- To safely handle a timid or injured dog in an emergency
- To safely do a medical exam or groom a dog who is likely to bite
- To prevent injury to other animals who are allowed to approach a dog who is likely to bite.

I understand Gig Harbor Kennel and staff are not responsible for toys and other items left for my pet.

FOR THE SAFETY OF YOUR PET AND OTHERS WE ASK THAT ALL GUESTS MUST BE ON A LEASH UPON CHECKING IN AND CHECKING OUT OF THE FACILITY

I understand that I will be charged for the day of check in regardless of time of check in. I understand that **check out time Monday – Saturday is between 9:00am and 12:00 pm. Pets checked out after 12:00 pm will be charged for Daycare.**

****ACCEPTING CASH or CHECK AS PAYMENT CREDIT CARD FEE 3.5%**

I understand that if I fail to pick up my pet(s) within 10 days of notification to the above individual, my pet(s) will be considered abandoned and that doing so does not relieve me of my financial obligations.

I have read the above agreement entirely and I am in full agreement.

Signature: _____ Date: _____

Printed Name: _____

