



Date: _____

CLIENT INFORMATION:

Owner's Name(s): _____

Address: _____

City: _____ Prov./State: _____ Postal Code: _____

Primary Phone #: _____ Secondary Phone #: _____

Other Phone #: _____ Other Phone #: _____

Phone: (other) _____ Email: _____

Canadian Anti-Spam Law: Do we have consent to contact you via email/phone & send electronic messages/reminders: YES / NO

All fees are due at the conclusion of your pet's stay ----- INITIALS: _____

EMERGENCY CONTACT INFORMATION:

In case of emergency, I/we would like to be contacted before the emergency contacts: YES / NO

Primary Emergency Contact

Secondary Emergency Contact

Name: _____

Name: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

Authorized Person(s) to pick up your pet:

First and Last Name: _____

Phone #: _____

First and Last Name: _____

Phone #: _____

First and Last Name: _____

Phone #: _____

First and Last Name: _____

Phone #: _____

GROOMING:

I would like a scent-free shampoo to be used on my pet: YES / NO

PET INFORMATION:

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species/Breed				
Sex				
Neutered or Spayed?				
Date of Birth				

Current Veterinarian Hospital/Veterinarian: _____

CONDITIONS OF ADMISSION

Centennial Pet Boarding & Grooming is not held responsible for any loss/theft/destruction of any personal property left with the above pet(s).

Print Name: _____ Sign: _____

PHOTO DISCLAIMER

I hereby give Centennial Pet Boarding and Grooming and its affiliates permission to post photos on their website, newsletter, and Facebook pages of any pets under my care. I understand that only the pets first names will be included in any postings

Print Name: _____ Sign: _____

How did you hear about us? _____

RELEASE FOR TREATMENT

In the event that your pet becomes ill or injured while under our care, every effort will be made to contact the above emergency contact(s) for instructions regarding extent of care. If veterinary care is of an emergency nature or the owner/emergency contact cannot be reached, veterinary care will be provided by Centennial Animal Hospital.

I/we, the owner(s) of the above-mentioned pets, authorize the examination and/or treatment of the above-mentioned pet(s) if he/she requires such, up to a value of \$_____ * while in the care of Centennial Pet Boarding & Grooming. I further agree that I will accept responsibility for expenses incurred should an emergency arise.

Print Name _____ **Signature** _____

**If no dollar amount is written, signing this release authorizes any amount necessary for treatment*

I understand that although my pet(s) may be vaccinated against Kennel Cough and/or Upper Respiratory infection, there is potential to contract this virus while staying here. --- **INITIALS:** _____

HEALTH:

Is your pet under veterinary care for any medical reasons? YES / NO

Does your pet have any of the following health problems?

- Coughing or labored breathing Limping Tiredness/sluggishness Vomiting
- Increased urination Diarrhea Constipation Dry/flaky skin Decrease in weight
- Increase in weight Seizures

Other: _____

MEDICATIONS:

Pet's Name	Medication	Dosage Times	Instructions

FEEDING:

Pet's Name	Type of Food	Amount per Feeding	Times per Day	Allergies

ACTIVITY LEVEL

Has your pet been to a daycare before: YES / NO

If yes, explain if any there were problems/concerns associated with the use of such facility:

Is there any restrictions on your pets activity that we should be aware of: _____

What best describes the amount of time your pet spends alone? (please circle)

Almost never 2-3 hours 3-7 hours 7-8 hours More than 8 hours

If left alone, is your pet confined in: (please circle)

Kennel Room Not confined at all

Is your pet known to be an escape artist: YES / NO

If yes, please explain (ie: scales fences, digs under things, or able to open latches):

Does your pet have any problems in the following areas? (please circle all that apply)

Barking House training Digging
Chewing/destruction Separation anxiety Jumping/Climbing

Does your pet have any fears? (ie. people in uniform, men/women, children, thunderstorms, fire, crackers, trains, sirens, fire alarms)

After-Hours Drop-Offs and Pick-Ups

I acknowledge that if I wish to pick up my pet(s) after regular opening hours and on holidays that I must first pre-arrange a time. I also understand that the door will remain locked and I will not be permitted to pick up my pet(s) outside of these times for the sake of safety.

Print Name _____

Sign _____