Received to the second
Owner and Pet Information Form OWNER(full names printed):
Mailing Address:
City: State: Zip: Phone(hm) (wk) (cell)
Email:
Secondary Contact Info (optional):
PET (<i>Name</i>):
Sex:AgeWeight
Breed:Markings:
Spayed/Neutered?
Veterinarian: Phone:
TELL US ABOUT YOUR PET: (Mark the following with a "Y" or "N" or "?") Crate trainedSocializedFearfulOverly excitable
Fence ClimberEscape artistFood aggressive
Chews bedToy aggressive
Snacks allowed Bitten Pet/human
Any Restrictions
Obedience Classes
Other training

My Pet likes these activities:

Where have you boarded before and what was your experience?

What do you like most about your canine/feline?

What do you like least about your canine/feline?

Is there any information you feel is important in regards to the care of your pet?

The owner gives permission for Jordan McCormack to seek medical attention if need arises. The owner agrees to pay for any medical fees sought on their behalf by Jordan McCormack.

Owner gives permission to Jordan McCormack to act on owners behalf for anesthesia permissions. Initial: ______.

The owner agrees that they are solely responsible for any harm or damage caused by their pet to the property of the Owners,

The owner will not hold Jordan McCormack responsible for any situation that can arise with pets and all the things that can occur with pets whether it is natural, unnatural, unusual, or unexpected.

The owner has provided Jordan McCormack with all pertinent information on their pet and their care.

I give Jordan McCormack permission to transport my pet to a vet, grooming appointment, dog park, or any other place she deems necessary. ______ initial

Permission is given by owner to photograph pets for marketing purposes, and compensation is not required.

My signature below shows that all the information listed is understood and agreed upon.

Signature

Date