

## CUSTOMER AND PET INFORMATION FORM

Owner Name, Address & Phone No.: \_\_\_\_\_

Name and Phone No. of Contact Person(s) in Case of Emergency (**Note: it is very important that you provide us with a reliable contact person, available in your absence**) \_\_\_\_\_

Pet Breed and Name: \_\_\_\_\_

Sex (indicate if neutered/spayed): \_\_\_\_\_ Age or Birth Date: \_\_\_\_\_

Date of Immunization and Veterinarian Name: \_\_\_\_\_

Subsequent Dates of Immunization (after initial boarding): \_\_\_\_\_

Does your pet have any reoccurring Medical Conditions or Special Needs? (*ie. thyroid condition, seizures, heart condition, blindness, deafness, skin problems (lumps, dryness, hot spots, irritations, etc.), ear problems, allergies, infections, coughing, sneezing, soreness (ie. arthritis, limping, injuries), loose bowels, constipation, etc.*) \_\_\_\_\_

Does your pet have any allergies (food/seasonal/etc.)? \_\_\_\_\_

Has your pet ever had a seizure? \_\_\_\_\_ Has your dog ever bloated? \_\_\_\_\_ Are you familiar with this condition? \_\_\_\_\_

Temperament and Behaviour of Pet (behaviour towards strangers and other dogs, unusual habits, etc.): \_\_\_\_\_

Does your dog: *Jump, climb fences or try to escape confined areas?* \_\_\_\_\_

*Exhibit separation anxiety or destructive behaviour (describe)?* \_\_\_\_\_

*Nip or Bite\*?* \_\_\_\_\_ *Dig?* \_\_\_\_\_

*(Please be advised that dog bites due to aggressive behaviour must be reported)*

*Protect their food?* \_\_\_\_\_ *Chew?* \_\_\_\_\_

*Have fleas or parasites?* \_\_\_\_\_ *Bark constantly?* \_\_\_\_\_

*Does your dog panic during thunder storms?* \_\_\_\_\_

Does your cat: *Scratch or Bite?* \_\_\_\_\_ *Always use a litter pan?* \_\_\_\_\_

*Have fleas or parasites?* \_\_\_\_\_ *Is your cat declawed?* \_\_\_\_\_

Please note that we do not accept unneutered male cats, due their tendency to spray in the kennel.

Description of Previous Kennel Experience (eating habits, behaviour, etc.): \_\_\_\_\_

Feeding Instructions (Brand of food, amount, frequency, etc.) and Medication Requirements (if any) \_\_\_\_\_

# BOARDING INFORMATION

CHECK-IN AND CHECK-OUT TIMES MUST BE PRE-ARRANGED.

**WE ARE OPEN DAILY FROM 9 AM TO 11:30 AM & 4 PM TO 6 PM. YOU MUST DROP-OFF AND PICK-UP WITHIN THESE HOURS.**

Initial Boarding Dates: Date and Time In: \_\_\_\_\_

Date and Time Out: \_\_\_\_\_

Number of Days: \_\_\_\_\_ Rate: \_\_\_\_\_ Total: \_\_\_\_\_ + HST \_\_\_\_\_ = \_\_\_\_\_  
(payment accepted in: cash, cheque or credit card)

Subsequent Dates: Date and Time In: \_\_\_\_\_

Date and Time Out: \_\_\_\_\_

Number of Days: \_\_\_\_\_ Rate: \_\_\_\_\_ Total: \_\_\_\_\_ + HST \_\_\_\_\_ = \_\_\_\_\_

Subsequent Dates: Date and Time In: \_\_\_\_\_

Date and Time Out: \_\_\_\_\_

Number of Days: \_\_\_\_\_ Rate: \_\_\_\_\_ Total: \_\_\_\_\_ + HST \_\_\_\_\_ = \_\_\_\_\_

Subsequent Dates: Date and Time In: \_\_\_\_\_

Date and Time Out: \_\_\_\_\_

Number of Days: \_\_\_\_\_ Rate: \_\_\_\_\_ Total: \_\_\_\_\_ + HST \_\_\_\_\_ = \_\_\_\_\_

**TERMS AND CONDITIONS (Our insurance company requires all clients to read the following terms carefully and sign below. Veterinarians also request a signed authorization from pet owners, if care is required.)**

I authorize *Home Alone Pet Cottages* to care for my pet according to the instructions on page 1 and confirm that this information is current and accurate. I certify that all known medical and behavioural conditions are listed and I will not hold the kennel liable for these conditions or for injuries due to stress related behaviours (ie. scratching, chewing, pacing) . If my pet is injured or becomes ill while boarded, I authorize the kennel to provide first aid or seek veterinary attention and understand that the cost for these services and any medication will be added to my invoice (see page 3 for our Veterinary Care Procedures) . The kennel is not responsible for the loss of a pet due to natural causes and/or pre-existing medical conditions. Only if the kennel is found responsible for the loss of a pet, will the kennel agree to pay the replacement value of the pet, to a maximum value of \$500.

**I agree to retrieve my pet at a time pre-arranged, during the kennel hours of 9 am – 11:30 am OR 4 pm - 6 pm and understand that the kennel is closed at all other times.** If I am unable to obtain my pet at this specified time, I will call the kennel to arrange an alternate time during the kennel hours. Pets will only be released to those persons authorized for pick-up. I understand that payment for boarding services is due upon pick-up of my pet and that the kennel accepts cash, credit cards, cheques and cash. A 50% deposit is required upon check-in if the final invoice totals more then \$300.

\_\_\_\_\_  
Signature of Pet Owner

\_\_\_\_\_  
Date

Person(s) authorized to pick-up pet (if different from the owner): \_\_\_\_\_

## **Veterinary Care Procedures at Home Alone Pet Cottages**

It is very important to leave current contact information with us and/or a reliable contact person who can make decisions for you and your pet in case veterinary care is required. The cost of veterinary care can quickly escalate and although many conditions (ie. minor ear infections, skin irritations, etc.) can wait until a local vet is open, some conditions (ie. bloat, auto immune disease, heart problems, seizures, anaphylactic shock, etc.) can develop extremely quickly and require emergency care.

If your pet requires veterinary care and your vet is in Keswick or Sutton we will contact them for an appointment, while at the same time notifying you and/or your contact person. If we cannot reach anyone at this time, we will proceed with obtaining veterinary care and continue our attempts to contact you or your contact person. If we cannot obtain an appointment at your local vet, we will then try our vet (Yorkwood). All costs for veterinary services will be added to your final invoice. Due to our responsibilities at the kennel, it is difficult to co-ordinate appointments at out of town vets. If you would like us to use an out of town vet, you must have someone available to take your pet to this vet and cover veterinary fees.

If your pet is experiencing a veterinary emergency outside of the regular vet hours, we will use the emergency Clinic in Newmarket. If your pet requires specialized care, we may be referred to emergency clinics in the city.

**Costs for emergency veterinary care can escalate to several thousand dollars, so it is imperative that we are able to contact you or your contact person in order that you are aware of and approve of the measures being taken to help your pet. We must be informed prior to boarding your pet of special instructions (monetary or otherwise) that would affect the care your pet receives.**

If you have any questions or concerns regarding the above information, please discuss these with the owners of Home Alone Pet Cottages, Kathy and John Carter, or our staff.

I have read the above and agree to these procedures or have special instructions:

Owner's signature/instructions: \_\_\_\_\_

\_\_\_\_\_

