

Meadowview Pet Resort

Client Information

Name _____

Address _____

Phone # _____ Cell # _____

Email _____

Pet Information

Pet #1

Name _____ Breed _____

D.O.B _____ Sex _____ Colour _____

Vaccine Status _____

HW/Flea prevention _____

Medical Conditions _____

Pet #2

Name _____ Breed _____

D.O.B _____ Sex _____ Colour _____

Vaccine Status _____

HW/Flea prevention _____

Medical Conditions _____

Meadowview Pet Resort
Boarding Consent

All animals admitted must be current on their vaccinations, including bordetella (kennel cough).

I consent to the administration of medical attention to my pet while in the care of Meadowview Pet Resort, if deemed necessary by the staff for the maintenance of my pet's health and welfare.

Veterinarian _____
Phone # _____

Emergency Contact _____
Phone # _____

I give authorization for my dog to be walked outside on the premises.

All animals must be free of external parasites. Any animal found to have fleas or ticks will be treated at the owners expense.

I am aware that the kennel is not staffed overnight, but an owner does live on the premises.

I agree to pay the balance of the invoice when my pet is discharged. I realize that I may ask for a written estimate of final costs prior to admittance.

All pets will only be discharged during regular office hours.

Authorization _____