



Boarding, Day Care, Grooming & Training

NEW CLIENT REGISTRATION

PET PARENT INFORMATION

Last Name: _____ First Name: _____

Address : _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

EMERGENCY CONTACT/AGENT

Name: _____ Phone: _____

Your Agent*. You must provide an adult, over the age of 18, as your Agent. Your Agent must also be someone other than the primary Pet Parent(s) and should not be someone traveling with you if you are leaving town. If we cannot reach you, you authorize us to contact your Agent. You agree that your Agent shall have your full and complete authority to make any and all decisions, including those related to the health of your Pet and the expenditure of funds, for or on behalf of you and your Pet.

MEDICAL CARE

If, in our judgment, your Pet(s) require medical care, you agree to be solely responsible for the payment of all medical bills for your Pet(s) and you release Countryside Pet Estates, LLC, its officers, directors, agents and employees of and from any and all responsibility for, or claims, damages or debts arising out of or related to such medical care, including but not limited to: transportation to/from the veterinarian clinic and choice of veterinarian or animal hospital. _____ I agree, Initials _____

AUTHORIZED PICKUP

If you verbally (by telephone) or in writing (fax, email, text or otherwise) request that Countryside Pet Estates, LLC release your Pet(s) to someone other than the person(s) listed as owner then you release Countryside Pet Estates, LLC of and from any and all responsibility for releasing your Pet(s) to any person(s) Countryside Pet Estates, LLC believes to be authorized by you. Photo ID will be required for authorized person at pickup. _____ I agree, Initials _____

VETERINARY INFORMATION

Clinic Name: _____

Doctor's Name: _____

Phone: _____

How did you hear about us:

PLEASE SAVE FORM TO YOUR DESKTOP BEFORE PRINTING AND/OR EMAILING

If you have questions or difficulties, please email us directly at reservations@countrysidepetestates.com

YOUR PET PROFILE INFORMATION – PET # _____

Type of Pet: Cat Dog Name: _____ Breed: _____

Spayed/Neutered: Yes No Gender: Male Female Weight: _____ Color: _____ Date of Birth: _____

VACCINATIONS

Method of Flea/Tick Control: _____

Method of Heartworm Prevention: _____

Vaccinations:

Rabies (Dogs/Cats) - Date _____ DHLPP (Dogs) - Date _____

Bordetella (Dogs) - Date _____ FVRCP (Cats) - Date _____

MEDICATIONS Medications: Yes No If Yes, please make sure to fill out the Reservation Form with medications listed.

YOUR PET'S TEMPERAMENT Is your Pet afraid of thunder? Yes No Has your Pet ever been boarded before? Yes No

Does your Pet protect his/her food? Yes No Does your Pet experience seizures? Yes No – If yes, please describe frequency, severity, cause and pre-occurring behaviors:

Is your Pet a: Jumper Climber Digger Chewer Puller Fighter (check all that apply)

Does your Pet enjoy grooming/baths? Yes No Any sensitive grooming areas? _____

Preferred Activities: Walk Nature Walk Individual Play Group Play

Has your Pet ever exhibited aggressive behavior towards people, pets or other animals? Yes No If Yes, Explain _____

YOUR PET PROFILE INFORMATION – PET # _____

Type of Pet: Cat Dog Name: _____ Breed: _____

Spayed/Neutered: Yes No Gender: Male Female Weight: _____ Color: _____ Date of Birth: _____

VACCINATIONS

Method of Flea/Tick Control: _____

Method of Heartworm Prevention: _____

Vaccinations:

Rabies (Dogs/Cats) - Date _____ DHLPP (Dogs) - Date _____

Bordetella (Dogs) - Date _____ FVRCP (Cats) - Date _____

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YOUR PET PROFILE INFORMATION – PET # _____

Type of Pet: Cat Dog Name: _____ Breed: _____

Spayed/Neutered: Yes No Gender: Male Female Weight: _____ Color: _____ Date of Birth: _____

VACCINATIONS

Method of Flea/Tick Control: _____

Method of Heartworm Prevention: _____

Vaccinations:

Rabies (Dogs/Cats) - Date _____ DHLPP (Dogs) - Date _____

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