

Chappell Hill Pet Resort

Information Card

CLIENT INFORMATION

Last Name: _____ First Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Please list individuals below that are also able to pick up your pet:

1. _____ Phone: _____

2. _____ Phone: _____

PET INFORMATION

Name: _____ Breed: _____ Color: _____

Age: _____ DOB: _____ (Optional) Chip #: _____ AKC #: _____

MEDICAL HISTORY

Is your pet current on all vaccines? (Must be current within the last 12 months)

RABIES _____ DHLPPC _____ LYME _____ GIARDIA _____ BORD (kennel cough) _____

HEARTWORM PREVENTATIVE: _____ Date Last Given: _____

MEDICAL PROBLEMS: _____

MEDICATIONS/DOSAGE: _____

VETERINARIAN: _____ PHONE: _____

Here at Chappell Hill Pet Resort, we do everything in our power to take the very best care of each pet while they are with us. However, accidents, illnesses, and injuries may happen. The owner holds us harmless if such an event occurs. Further, we will either treat a minor case at the kennel or take it into a vet. The owner hereby gives Chappell Hill Pet Resort permission to have _____ treated if we feel, in our judgement, it is necessary. In any case, the owner will be responsible for any veterinary charges and/or medications. We will notify the owner as soon as possible, should injury, accident, or illness occur.

Client Signature: _____