Deerbrook Pet B&B Boarding/Grooming Contract

Owner Information

Name: _____
Street Address: _____
City: _____ Postal Code: _____
Phone: _____ Cell: _____
How did you hear about us? (online, Friend/Family, Advertisement, etc) _____
Would you like to receive emails from Deerbrook Pet B&B? If YES, E-mail: _____

Pet Information

Pet's Name: _____ Color: _____
Breed: _____ Age: _____ DOB: _____
(Please Check) Male: _____ Female: _____ Nutered/Spayed? Yes: _____ No: _____
Is your pet allowed treats? Yes: _____ No: _____
Does your pet have any allergies? Yes: _____ No: _____ If yes, please list on line below:
_____
Do you give us permission to photograph your pet for our website, social media, public viewing, advertising, etc? Yes: _____ No: _____
Do you give us permission to crate your pet if necessary? Yes: _____ No: _____
Is your pet aggressive towards humans or other animals? Yes: _____ No: _____ If yes, please describe: _____

Vet Information

Clinic Name: _____ Phone: _____
Address: _____ Vet/Doctor: _____
PLEASE PROVIDE COPY OF UP-TO-DATE SHOTS/VACCINTIONS CHECK BOX WHEN COMPLETE ☐

Emergency Contact Information

Name: _____ Number: _____ Relation: _____

Special Notes:
_____
_____
_____

Pet Owners Initials **Signature:** _____

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Employee Signature: _____