



Pet Pals New Client Information Form and Service Agreement

Please complete this form in its entirety and fax, mail, email, or bring the completed Agreement to Pet Pals, Inc prior to your first appointment.

Pet Pals, Inc.
10388 W. 400 N., Michigan City, IN
Phone: (219) 879-2898
Fax: (219) 879-2876
email: petpals90@comcast.net

Proof of the following vaccinations are required PRIOR to your first appointment:

Dogs: Rabies, Distemper Combo, Bordatella

Cats: Rabies and FVRCP

Owner Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ email: _____

Phone Contact: Home: _____ Work: _____ Cell: _____

If we contact you by cell phone, are text messages permitted? Yes No

Emergency Contact: Name: _____ Phone: _____

Veterinary Contact: Vet Name: _____ Phone: _____

Clinic Name: _____ City/State: _____

Pet Information:

Species: Dog Cat Other: _____

Sex: Male Neutered or Female Spayed

Name: _____ Breed: _____ Color: _____

Weight: _____ Age: _____

Please list all health concerns below, including but not limited to allergies, arthritis, diabetes, heart problems, seizures, or any other health issue you feel is relevant. If none, please confirm by writing 'None'.

Please list all behavioral concerns below, including but not limited to aggression (towards people or pets), fence jumping, digging, separation anxiety, easily stressed, fear of thunderstorms/fireworks. If none, please confirm by writing 'None'.

Diet Information:

Will your pet be eating Pet Pals' house diet (Nutro Ultra Premium Pet Food)? Yes No

What brand/formula of food does your pet normally eat? _____

When does your pet normally eat? a.m. p.m.

What amount does your pet normally eat at each serving? a.m. _____ p.m. _____

Does your pet have a sensitive stomach? Yes No

Medication Information:

Please list any medications your pet is currently taking:

Name: _____ Indication: _____

Name: _____ Indication: _____

Name: _____ Indication: _____

Service Agreement

The following represents an agreement between Pet Pals and the owner of the pet whose name appears on this agreement. By signing this agreement, the owner confirms the accuracy of all information provided. The owner agrees to pay the rate of boarding, grooming, and/or any other requested services in effect on the date the pet is checked into Pet Pals. The owner understands that the pet will not leave Pet Pals until all charges are paid in full.

The owner understands Pet Pals is not responsible for any bedding, toys, leashes, etc. left on premises that are lost or damaged.

The owner understands that Pet Pals will use all reasonable precaution against injury, escape, or death of the pet noted on this form. Should such events occur, the owner agrees that Pet Pals, its owner, and employees are not to be held responsible provided reasonable precautions and care were followed. The owner understands that in the event of illness or emergency, the staff will immediately attempt to contact the owner or emergency contact to discuss the problem and treatment options. In the event the owner or emergency contact cannot be reached, Pet Pals is authorized to initiate the treatment plan authorized below.

The owner understands that Pet Pals cannot guarantee the health of the pet noted on this form during the services provided, and will not be held responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea/vomiting. The owner understands that all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner's expense.

If a problem or emergency develops and it is necessary to treat the pet noted on this form, please select a treatment directive noted below by initialing the appropriate treatment plan. The owner agrees they are responsible for any and all charges incurred.:

_____ Please consult a veterinarian and obtain treatment for pet as required; owner or emergency contact does not need to be contacted prior to treatment.

_____ Please obtain only emergency and supportive veterinary care. The owner or emergency contact is to be reached for permission for any other treatment(s).

_____ No veterinary diagnostics or treatments are to be obtained until the owner/emergency contact is notified and consent is given. The owner understands that the health of the pet noted on this form may be at risk until this contact can be made.

By signing this form, the owner agrees to all conditions noted in this Service Agreement.

Owner Signature: _____ Date: _____