



**Waterville Animal Resort
Owner/Pet Info**

STAFF USE ONLY Room #
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Date/Time dropped off: _____ Date/Time to pick up: _____

Pet's Name: _____ Sex: _____ Age: _____ Breed: _____

Owner: _____ Phone: _____

Address: _____ City/State/Zip: _____

Does your pet: Bite: _____ Jump: _____ Climb: _____

Date of last vaccines for Rabies: _____ Distemper: _____ Bordatella: _____

Medical Problems, Allergies: _____

Special Instructions: _____

In case of illness or emergency call: _____

In the event of emergency or illness, WATERVILLE ANIMAL RESORT will make every effort to contact you or your contact person. If no one can be reached, our veterinary staff will begin treatment deemed necessary. Please provide a dollar limit you authorize for treatment: \$_____. In the event your veterinarian cannot be reached, WATERVILLE VETERINARIAN CLINIC will treat your pet.

All pets sharing a run must be tolerant of one another's toys and require no supervision during feed time. Check out time is 12:00 PM Monday-Saturday. All pets must arrive by 4:00 PM for check in. Boarding rate is a daily fee, starting the day of check in. Sunday evening discharge is available, with Sunday being charged as a full day boarding fee.

Pet's Belongings: _____

While every precaution will be taken to prevent loss, damage, and destruction of your pet's belongings, we cannot guarantee such and replacement will not be offered.

Signature: _____ Date: _____