

# Creature Comforts Client & Pet Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet. State & Federal Law requires you must be 18 to complete this form.

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Phone #: \_\_\_\_\_ 2<sup>nd</sup> Phone #(s): \_\_\_\_\_ Work Phone# \_\_\_\_\_

E-mail Address: \_\_\_\_\_ 2<sup>nd</sup> Email Address: \_\_\_\_\_

When Is It Best to Call About Your Pet? At What Time: \_\_\_\_\_ What Phone #: \_\_\_\_\_

In Case of EMERGENCY, Call \_\_\_\_\_ At Phone # \_\_\_\_\_

We will gladly prepare a written estimate if you so desire. All fees are due at time services are rendered. Payments accepted in the form of Cash, Debit Card, or Credit Card. Sorry, **NO CHECKS** accepted.

Preferred Method of Payment: ☐ Cash ☐ Debit Card ☐ Credit Card

Name of Current Veterinarian: \_\_\_\_\_

How did you hear about Creature Comforts Kennels?

- ☐ Individual, Someone We May Thank? \_\_\_\_\_  
☐ Yellow Pages, or another telephone directory.  
☐ Road Sign  
☐ Another Hospital or facility. If so, which? \_\_\_\_\_  
☐ Internet/ Website  
☐ Other, please state: \_\_\_\_\_

How would you like us to contact you during your pets stay or for reminders for future stays for your pet?

☐ Phone ☐ Mail ☐ E- Mail ☐ Both Phone & Mail

*To help prevent the spread of infectious diseases, ALL boarded animals must be current on all required vaccinations and free of external parasites.*

**DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current at an additional cost.**

I understand every effort will be made to achieve a successful stay and to provide for all possible safety in boarding/grooming care and handling. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the facility or prior to boarding, as facility policy requires or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$25.00 will be assessed for funds which are cancelled/stopped, denied, or deemed as non-sufficient after payment has appeared to have been processed, regardless of the type/form of payment. I also understand that a service fee of \$25.00 will be assessed for any certified letter that must be sent. All accounts unpaid after 30 days receive a \$5.00 Billing Charge each month and a late charge computed at a periodic rate of 1.50% per month, which is an annual percentage rate of 18.00% with a minimum monthly charge of \$1.00. I understand that boarding service is provided during nighttime hours as necessary in the judgment of the staff in charge. Continuous 24hr presence of personnel may not be provided. If I neglect to pick up my pet within 3 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary. For boarding services, I understand I will be charged a full night for any pet(s) dismissed on Sunday.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE COMPLETE BOTH SIDES OF FORM AS COMPLETELY AS POSSIBLE. THANK YOU.

Owner Name: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_ Veterinarian: \_\_\_\_\_  
Breed: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: Male: ☐ Female: ☐ Neutered: ☐ Spayed: ☐

Best Phone # to Reach You: \_\_\_\_\_

Type Of Grooming: Clip: ☐ Bath: ☐ Same: ☐

Instructions: \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned owner, or owner's agent, of the pet identified above, certify that I am / I am not (circle one) over **eighteen** years of age, and thereby consent to the grooming of my pet by the professional groomer(s) at Creature Comforts Kennels. **I understand that some risks always exist** with all types of grooming, vaccines, and/or including unknown physical abnormalities, allergies, and other unforeseen complications, and that I am encouraged, and it is my responsibility to discuss any concerns I have about those risks with my attending groomer before the procedure is initiated.

**I understand that the pet identified above must have his/her vaccines up to date before coming to Creature Comforts Kennels to have any services performed. As the owner, you are responsible for making sure that your pet has the following vaccines up to date: Bordetella and Rabies vaccines.**

I understand that the grooming process **can be stressful to any pet** at any time, and the grooming services will be done in a professional manner. I will not hold Creature Comforts Kennels liable for any health conditions that may arise during or after grooming of the pet. If I have any concerns regarding grooming I will notify CCK within 24 hours after the grooming service.

I understand that I may request an estimate before the grooming process begins, and I am encouraged to discuss all fees attendant to such care before services are rendered. I understand that any estimate given is only an **estimate** of the known charges, and that complications and/or unforeseen additional problems may require additional services and time; and therefore, increased fees. Should some unexpected life-saving emergency care be required the Creature Comforts Kennels staff has my permission to call their Sister company, Premier Vet Care, to provide such treatment and I agree to pay for such additional care.

If my pet is not picked up before Creature Comfort Kennels closes, I agree to pay \$25 (per pet) for each night that your pet(s) is here and assume financial responsibility for the balance of all services rendered on a cash, and/or credit card basis at the time my pet is discharged. I further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges upon dismissal of my pet from Creature Comforts Kennels. I agree that if I fail to comply with this policy the CREATURE COMFORTS KENNELS may handle this abandonment and/or failure of payment in the best interests of the animal and the kennel.

\_\_\_\_\_  
NAME OF OWNER

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE: