

The Retreat at Creekside, LLC.

3744 Wadsworth Road, Norton OH, 44203

kennel@theretreatatcreekside.com

New Guest & Client Form

Guest Information

General Info:

Pet Name: _____ Sex: Male Female Neutered or Spayed? Yes No
Species: Dog Cat Breed: _____ Color: _____

Guest's Birthday (Month/Day/Year): ___ / ___ / ___.

Pet Name: _____ Sex: Male Female Neutered or Spayed? Yes No
Species: Dog Cat Breed: _____ Color: _____

Guest's Birthday (Month/Day/Year): ___ / ___ / ___.

Primary Owner:

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Preferred Method of Contact: _____

Emergency Contact:

Name: _____
Contact Number: _____

Emergency Contact:

Name: _____
Contact Number: _____

Further Guest Information:

Medications? Yes No

If yes, please list the medications, dosage, and frequency:

What are the pets feeding instructions?

Are they good with other animals? Yes No

Do they have a history of ingesting non-food items? Yes No

If yes, please explain.

Are they microchipped? Yes No

Are they food aggressive? Yes No

Does the pet have any sensitive areas? Yes No

If yes, please explain.

Do they have any allergies? Yes No

If yes, please explain.

Payment Policy: All balances for boarding services and products must be paid when the guest(s) is checking out or at time of sale. We do not bill forward. For our clients convenience we accept, American Express, Visa, Mastercard, Discover, Cash and Checks. We do not accept post dated checks. A returned check fee of \$25 dollars will be applied to the account of any client who check has bounced.

Date: _____

The Retreat at Creekside LLC Representative Signature: _____.

The Retreat at Creekside LLC Representative Printed Name: _____.

The Owner's Signature: _____.

The Owner's Printed Name: _____.