



Boarding Application

Customer Name _____ Cell Phone _____
Home Phone _____ Work Phone _____
Physical Address _____ City, Zip _____
Email address _____

Pet Name _____ **Breed** _____ **Color** _____
Age _____ **Birth Date** _____ **Male**__ **Female**__ **Neutered**__ **Spayed**__
What type of food do you feed your Pet? _____
How much food per day? _____ Are Treats allowed? _____

Medical Release Information

In the event of a medical emergency, I _____ hereby give the
(Print Owner's Name)
staff at **Peters Creek Pet Boarding** permission to take my dog/cat _____ to
(Pet's Name)
the nearest pet medical facility. If possible, _____ is our
Veterinarian. (Veterinarian Clinic / Name) (Phone)

Emergency Contact Name/Number _____

Owner's Signature _____ Date _____