

Kevertin Pet Resort –New Client Check-In Form

8623 Mullet Branch Road * Easton, MD 21601 * Ph: 410-822-8161 * Fax: 410-822-4472

Owner's Name and Address:

Owner's phone number and email: _____

Pet's Name/breed and birthday: _____

Pet's Veterinarian Name and number: _____

Arrival date: _____ **Departure Date:** _____

Will your pet receive a 15% discounted departure bath? YES NO (If yes, what time will you pick him/her _____)

OR

Will your pet receive a full grooming before departure? YES NO (If yes, what time will you pick him/her _____)

If yes, please list specific grooming instructions here:

Will your pet eat our food? YES NO **How much does your pet eat?** _____

If no, please list your pet's food brand and specific feeding instructions here:

Is your pet on any medications? YES NO

If yes, please list ALL medications, why your pet is on them, and specific instructions on how to administer them:

Would you like your pet to have extra activities at an additional charge? How many per day?

Nature Walks \$2.50 for an additional 15 minute walk 1 2 3 other amount _____

Agility yard play time \$4.50 for a 20 minute session 1 2 3 other amount _____

Emergency contact information (For you, or someone who can make medical decisions for your pet.)

Kevertin has permission to seek medical attention for my pet if needed. YES NO

Name of person picking up your pet (if other than owner)

I understand and agree to all of the above information on this form.

(sign and date)