

Pet Suite Retreat

BOARDING GROOMING TRAINING & DAYCARE

Pet Owner's Name: _____

Address/City/State/Zip _____

We're located

1&1/4 miles Phone: Home _____ Cell _____

West of Tele-

graph Rd. Emergency Contact: _____ Phone: _____

on the South

side of the street Pet's Name: _____ Dog _____ Cat _____ Other _____

Breed: _____ Male _____ Female _____

26245 Michigan Ave

Neutered _____ Spayed _____

Inkster, Mi. 48141 Size: Sm. (up to 30 lbs.) _____ Med. (31-60 lbs) _____ Large (over 60 lbs) _____

Tel:

313.277.6805

Color: _____ Age: Years _____ Months _____

877.949.PETS

Fax:

2nd Pet's Name: _____ Dog _____ Cat _____ Other _____

313.277.6812

Breed: _____ Male _____ Female _____

Neutered _____ Spayed _____

Check in/out Size: Sm. (up to 30 lbs.) _____ Med. (31-60 lbs) _____ Large (over 60 lbs) _____

8a-8p

Fri. 8a-7p Color: _____ Age: Years _____ Months _____

Holiday week

Hours vary Veterinarian: _____

Address/City/State/Zip: _____

Pet Suite Retreat agrees to exercise due and reasonable care for all animals left in our facility. If an animal becomes ill, we will attempt to contact the owner and seek prompt veterinary advice and care from the designated veterinarian or Pet Suite Retreat's veterinarian. All expenses are the responsibility of the owner. The animal will be considered abandoned and will be handled in accordance with the State of Michigan Abandoned Animal Act if any or all of the following occur: if the animal is not picked up 10 days after the due date or the charges for services or any additional veterinary fees, if any, are not paid. The owner agrees to resolve all disputes pertaining to the quality of care exercised by Pet Suite Retreat through arbitration.

Pet Owner's Signature _____ Date ___/___/___

Boarding Dates: _____ to _____

Feeding Instructions: AM _____ amount _____ PM _____ amount _____