

Pet Suite Retreat

BOARDING GROOMING TRAINING & DAYCARE

Pet Owner's Name: _____

Address/City/State/Zip _____

We're located

At Phone: Home _____ Cell _____

2300 Bellingham

Troy, Mi. Emergency Contact: _____ Phone: _____

48083

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

Breed: _____ Male _____ Female _____

Neutered _____ Spayed _____

Tel:

248.689.PETS

877.949.PETS

Fax:

248.689.8870

Color: _____ Age: Years _____ Months _____

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

Breed _____ Male _____ Female _____

Neutered _____ Spayed _____

Check in/out

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 _____