

CLIENT INFORMATION SHEET

We required to have all of the following information to board your pet.

NAME: _____ HOME PHONE: _____

ADDRESS:

TIME THERE:

CITY:

STATE:

ZIP CODE:

EMERGENCY CONTACT:

PHONE:

TN DRIVERS LICENSE #:

SOCIAL SECURITY#:

BIRTHDATE YEAR:

MONTH:

DAY:

HOW DID YOU HERE ABOUT US?

REFERRED BY:

ADVERTISEMENT:

OTHER:

FOR SICK, INJURED BOARDING ANIMALS YOUR VETERINARIANS NAME:

I understand that. to prevent the spread of infectious *Disease* and parasites, **ALL BOARDED ANIMALS** must be **CURRENT** on **ALL VACCINATIONS** and free of fleas and aric worms. I authorize the Animal Country Club to provide services services and also emergency care if needed at the discretion of our staff

I understand that by initiating this relationship with, Animal Country Club that I' am responsible for full payment of all fees incurred and that payment 'is due at the time services are rendered. I also understand that unpaid Fees are subject to interest and / or collection and attorney fees.

S I G N A T U R E

D A T E