



# KEVERTIN|PET RESORT

## Guest Intake Form

Your Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

\_\_\_\_\_

Check-In Date: \_\_\_\_\_

Check-Out Date & Time: \_\_\_\_\_

Name Of Veterinarian: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much do you feed your pet daily?  
(For example: 1 cup am & pm)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	YES	NO
Do we have permission to seek medical attention for your pet while he / she is in our care?	<input type="checkbox"/>	<input type="checkbox"/>

Are you providing food for your pet during their stay? (We will provide food if not)	<input type="checkbox"/>	<input type="checkbox"/>
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Can your pet have toys in their kennel?	<input type="checkbox"/>	<input type="checkbox"/>
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Can your pet eat our food, chicken, beef, broth, cheese etc, if necessary?	<input type="checkbox"/>	<input type="checkbox"/>
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Is your pet on any medications needed during their stay?	<input type="checkbox"/>	<input type="checkbox"/>
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If so, please bring medications in a weekly a.m./p.m. pill organizer with a list of medications and dosage instructions. We can set medications up in an organizer for you, if you prefer, for a \$10 charge.

	YES	NO
Grooming Services   Would you like your pet groomed prior to pickup? (If Yes, please specify. No instructions will result in a bath & blow dry only)	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_

\_\_\_\_\_

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_