



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)

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)

Signature: _____

Date: _____

Do we have permission to seek medical attention for your pet while he / she is in our care? **YES** **NO**

Are you providing food for your pet during their stay? **NO**
(We will provide food if not)

Can your pet have toys in their kennel?

Can your pet eat our food, chicken, beef, broth, cheese etc, if necessary?

Is your pet on medication or supplements?

GUEST NOTES:

Empty box for guest notes.

PLEASE NOTE: If your pet is on medications or supplements, please bring them in a pre-organized, weekly a.m./p.m. pill organizer, along with a list of medications & dosage instructions. As a convenience, we can do this for you at an additional cost of \$15.00.

YES **NO**