



Pet Resort
1649 Walker Lake Ontario Road
 Hilton, NY 14468
 585-964-9288
 Fax: 585-964-8224

For Office Use Only

Drop off: _____

Pick up: _____

Notes: _____

Client Information Form

Pet owner:

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Emergency Information:

Please contact _____ at (phone) _____ in case of an emergency.

Veterinarian name _____ Phone _____

Pet # 1 Dog _____ Cat _____

Name _____ Breed _____ DOB _____ Sex _____ Color _____

Feeding Information:

___ Bringing our own Time: AM _____ Amount _____ cups (8 oz) Can _____
 ___ Kennel provided PM _____ Amount _____ cups (8 oz) Can _____

Special instructions _____

Medical Information:

Required Shots: Distemper: Y N Parvo: Y N Rabies: Y N Bordetella (Kennel Cough): Y N
 Spay/Neuter: Y N Does your pet require medication: Y N If yes, please complete below

Name: _____ Dosage: _____ Reason: _____

Instructions: _____

Name: _____ Dosage: _____ Reason: _____

Instructions: _____

Temperament:

Does your pet bite? Y N

Has your pet ever bitten anyone or another animal? Y N If yes, please explain _____

Does your pet socialize well with people? Y N With other animals? Y N

Has your pet ever growled at another person or animal? Y N

Does your pet jump? Y N

Can you pet climb or jump over a 6 foot chain link fence? Y N

Please note anything about your pet that will help us with their care: _____

Pet # 2 Dog ___ Cat ___

Name _____ Breed _____ DOB _____ Sex _____ Color _____

Feeding Information:

___ Bringing our own Time: AM _____ Amount _____ cups (8 oz) Can ___
___ Kennel provided PM _____ Amount _____ cups (8 oz) Can ___

Special instructions _____

Medical Information:

Required Shots: Distemper: Y N Parvo: Y N Rabies: Y N Bordetella (Kennel Cough): Y N
Spay/Neuter: Y N Does your pet require medication: Y N If yes, please complete below

Name: _____ Dosage: _____ Reason: _____

Instructions: _____

Name: _____ Dosage: _____ Reason: _____

Instructions: _____

Temperament:

Does your pet bite? Y N

Has your pet ever bitten anyone or another animal? Y N If yes, please explain _____

Does your pet socialize well with people? Y N With other animals? Y N

Has your pet ever growled at another person or animal? Y N

Does your pet jump? Y N

Can you pet climb or jump over a 6 foot chain link fence? Y N

Please note anything about your pet that will help us with their care: _____

We encourage you to bring toys, blankets, treats, etc. from our home to make your pets stay with us more comfortable. Please list the items you brought for your Pet(s): _____

If you would like your pet to enjoy a one of a kind outdoor excursion, Pamper Park, and/or complete their vacation with one of our signature spa treatments, we would be more than happy to spoil your pet!

Pamper Park:

- 30 Minutes (\$10) Swim or hike
- 60 Minutes (\$20) Swim, hike or combination

Grooming:

- Brush and bath (\$23)
- Brush, bath, ear clean, nail clip (\$28)

Drop off/ Pick-up information:

Date of drop-off _____ time _____

Date of pick-up _____ time _____

Hours of Operation:

Monday -Saturday
8:00 –10:00 am; 4:00 – 6:00 pm
Sunday will be by appointment.

Boarding Contract:

Boarding charges are calculated by multiplying the nightly charge by the number of nights stayed. Customers are welcome to pick up their pet(s) prior to their scheduled pick up time, however you will be charged for the full duration of the original reservation. Any reservation changes must be communicated to Pheasant Creek Farm 24 hours prior to pick up time. All payments are due in full upon picking up your pet. There will be a \$50 cancellation fee for holiday and summer weekend reservations canceled with less than 48 hours notice. If your pet requires medical attention during their stay, the owner of the pet will be liable for the cost of treatment and transportation.

Thank you for choosing Pheasant Creek Farm for your boarding needs. We promise to provide a clean, safe and loving environment for your pet(s). Consider this as your pets “home away from home”!

Signature _____ **Date** _____

How did you hear about us? ___Friend/Family Member___ Yellow Pages ___ Advertisement
___Veterinarian ___Website ___Other

Methods of Payment:

Cash or Checks made payable to Pheasant Creek Farm