



# New Client Application

## OWNERS INFORMATION

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Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_

Alt. Cell#: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone#: \_\_\_\_\_

## VETERINARIAN INFORMATION

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Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Veterinarian: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_

## PET(S) INFORMATION

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

Type: DOG / CAT

Color: \_\_\_\_\_

Sex: Male / Female

Spayed / Neutered: Yes / No

Breed: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Age: \_\_\_\_\_

### Vaccination Expire:

\_\_\_\_/\_\_\_\_/\_\_\_\_ Rabies  
\_\_\_\_/\_\_\_\_/\_\_\_\_ DHLPP / Feline 3-Way  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Bordetella (Dogs Only)

## ADDITIONAL PET(S)

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

Breed: \_\_\_\_\_

Type: DOG / CAT

D.O.B: \_\_\_\_\_

Color: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: Male / Female

Altered: Yes / No

**Vaccination Expire:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Rabies  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DHLPP / Feline 3-Way  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Bordetella (Dogs Only)

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

Breed: \_\_\_\_\_

Type: DOG / CAT

D.O.B: \_\_\_\_\_

Color: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: Male / Female

Altered: Yes / No

**Vaccination Expire:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Rabies  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DHLPP / Feline 3-Way  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Bordetella (Dogs Only)

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

Breed: \_\_\_\_\_

Type: DOG / CAT

D.O.B: \_\_\_\_\_

Color: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: Male / Female

Altered: Yes / No

**Vaccination Expire:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Rabies  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DHLPP / Feline 3-Way  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Bordetella (Dogs Only)

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## MEDICAL INFORMATION

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Is your pet(s) allergic to any type of **food**? YES / NO

If YES, please describe: \_\_\_\_\_

Is your pet(s) allergic to any prescription **medication**? YES / NO

If YES, please describe: \_\_\_\_\_

Does your pet(s) have any **health concerns/injuries**? YES / NO

If YES, please describe: \_\_\_\_\_

Is your pet(s) taking any prescription medication?

YES / NO

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

Med: \_\_\_\_\_ a day-AM / PM

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

Med: \_\_\_\_\_ a day-AM / PM

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

Med: \_\_\_\_\_ a day-AM / PM

## DIET

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Are you providing your own quality pet food? YES / NO

If YES, what brand: \_\_\_\_\_

If NO, our house food is Diamond brand Chicken Soup and Taste of the Wild( Grain Free), or equivalent.

Are there any restrictions to your pet's diet? YES / NO

If YES, please describe: \_\_\_\_\_

## BEHAVIOR

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Have you ever boarded your pet(s) before? YES / NO

If YES, please describe your pet(s) experience: \_\_\_\_\_

Does your dog(s) enjoy playing in water? YES / NO

I give permission to C R Ranch Pet-O-Tel to evaluate my dog(s) in order for them to be able to play with other compatible dog(s) during their stay. YES / NO

Check all situations where your pet(s) may become uncomfortable or irritable:

<input type="checkbox"/> Holding Collar	<input type="checkbox"/> Touching Ears	<input type="checkbox"/> Around Other Dogs
<input type="checkbox"/> Touching While Sleeping	<input type="checkbox"/> Touching Paws	<input type="checkbox"/> Other, Please Explain
<input type="checkbox"/> While on Leash	<input type="checkbox"/> Touching Mouth	<input type="checkbox"/> None
<input type="checkbox"/> Water/ Bathing	<input type="checkbox"/> Touching Tail	

Other: \_\_\_\_\_

Has your pet(s) ever bitten a person? YES / NO

Has your pet(s) ever bitten another animal? YES / NO

## C R RANCH PET-O-TEL POLICIES

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**Clients must confirm their reservation by providing a \$50.00 deposit.**

**Clients are responsible for the entire time they have reserved.**

Cancellation Policy: C R Ranch will **NOT** make any exceptions to this policy.

**Notice of 5 days or more: 90% Refund**

**Notice of 3-4 days: 50% Refund**

**Notice of 2 days or less: No Refund**

**By signing below I acknowledge all of the items listed in the CR Ranch Pet-O-Tel policies.**

I understand that I am responsible for the entire time I have booked.

I understand that I am responsible for any property damaged caused by my pet(s).

I understand that office hours are strictly enforced, and that I am **charged by the calendar day.**

I understand that should my pet(s) soil themselves while boarding, they will be bathed at my expense.

I understand that if deemed necessary by CR Ranch staff member, my pet(s) will be treated by a veterinarian and I will be responsible for all veterinarian cost as well as a \$50.00 transportation fee

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

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

## EMERGENCY CARE AUTHORIZATON

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In the event your animal(s) shall require the service of a veterinarian in the opinion of CR Ranch or it's Staff, CR Ranch will, as soon as discovered, notify the animal owner or assigned agent to your veterinarian on file (listed above).

Should your veterinarian be unavailable, CR Ranch or its staff may call any other licensed veterinarian of their choice. CR Ranch is not a veterinarian service and, as such, will be held harmless by animal owner for either notifying or not notifying a veterinarian.

All fees charged by said veterinarian shall be the sole responsibility of the animal owner, with no liability whatsoever on the part of CR Ranch for such fees.

1. I certify that I am the owner of this pet. I hereby grant permission to the boarding establishment to act on my behalf, and in my pet's best interest, by obtaining veterinarian care at my expense, if deemed necessary for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its stay at this facility.

2. In the event of illness or injury, the owner and employees of CR Ranch shall not be held personally liable for such injury or illness.

3. I agree to pay all costs for any property damage or personal injury caused by my pet during their stay. I agree to pay all charges on the day of pick-up, and I understand that my pet may not leave the premises until all charges are paid in full. I understand that any animal left for ten (10) days beyond the agreed date of pick-up may be sold, relinquished to a shelter, or disposed of at the discretion of the kennel owner.

The individual I have selected as my agent to make health care decisions for my pet(s) is at least 18 years of age and is not an employee of my animal health care provider.

I appoint **C R Ranch Pet-O-Tel** as my agent to make health care decisions for all pets listed below:

Pet's Name:	Breed:	Color:	Age:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

I have read and agree to the above terms.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_