

Bord & Pillar

Pet Resort & Spa

Application for Daycare and Boarding

OWNER INFORMATION

Owner's Name:	Email Address:	
Address:	Home Phone:	Cell Phone:
	Veterinarian:	Phone Number:
Emergency Contact Name:	Emergency Contact Number:	

PET INFORMATION

Pet's Name: _____	Breed: _____
Circle one: Dog / Cat	Color: _____ Weight: _____ lbs.
Does your pet have any food allergies? Circle one: Yes / No	Date of last vaccination or titer: Parvo _____ Rabies _____ Bordetella _____ Other _____
Feeding Instructions: o Morning: Amount _____ cups o Afternoon: Amount _____ cups o Evening: Amount _____ cups Name of food: _____ Special Instructions: _____	Owner must provide proof of current vaccinations. Please have Veterinary Clinic E-mail records to aris@bordandpillar.com .
How old is your pet? _____ Birthdate (if known) _____ How long have you had your pet? _____ Circle One: Male / Female Spayed or Neutered: Yes / No	Can we post your pet's photo on Facebook? Yes _____ No _____ Would you like to receive picture/text message updates? Yes _____ Phone Number _____ No _____
Did you get this pet from: Breeder _____ Shelter _____ Rescue Organization _____ Other: _____	
How did you hear about us? _____	