

Anasazi Boarding 2024 Client Form

Thank you for trusting Anasazi Boarding and Grooming to care for your pet. So that we may become better acquainted, please complete the following:

Client Information:

Owner 1:							
	Last		First		Middle Initial		
Owner 2:				Relationship:			
	Last	First	Middle Initial				
Current Ad	dress: _						
	-	Street	City	State	Zip		
Primary Ph	one:		Secondary Phone:				
C			Preferred Communication: Email / Phone				
	ŕ	website, or our Facebook		Diversi			
Current Ve	t:			Phone:	· · · · · · · · · · · · · · · · · · ·		
May your p	et(s) have a	bed/blanket in their kennel? Y N					
May your p	et(s) be with	other dogs? YN					
May your p	et(s) have tr	reats other than their own? Y N					
EMERGEN	ICY PHONE	:#					

<u>Pricing Information</u>: (per day)

Dogs:

• Small (0-25lbs) - \$20.00

Medium (26-50lbs) - \$23.00

• Large (51-100lbs) - \$25.00

• X-Large (100+lbs) - \$27.00

Cats:

\$15.00

Daycare:

• \$15.00 for first pet, \$10 per additional pet

Vaccinations Required:

Dogs: ➤ Rabies ➤ Bordetella ➤ Distemper/Parvo

Cats: ➤ Rabies ➤ Feline Leukemia (FVRCP)

*Additional Information:

- I understand a full day charge is added for pets picked up after 11am.
- **NEW** There is a \$10 pickup/dropoff fee for weekend and holiday pickups.
- \$2.50 per feeding for house food (Anasazi provides)
- \$2.00 per administering medication; insulin \$2.50 per injection
- 10% off boarding fee with 2 or more pets in the same kennel
- 10% off Military Discount

- Discoun	ts cannot	be combin	ea						
Pet #1 (check on	e):	_ Cat	Dog	Pet #2 (check one):	Cat	Dog			
Name: _				Name:		 			
Breed: _				Breed:					
Color: _			 	Color:					
Date of Birth: _				Date of Birth:					
Sex:				Sex:					
Spayed/Neutered	d:			Spayed/Neutered:					
Medications:				Medications:					
Feeding instructions: Amount:				Feeding instructions: Amount:					
Please circle: [Ory / Wet 1x	<u> 2x 3x</u>		Please circle:	Dry / Wet 1x 2	<u>x 3x</u>			
Pet #3 (check on	e):	_ Cat	Dog	Pet #4 (check one): _	Cat	Dog			
Name: _				Name:		· · · · · · · · · · · · · · · · · · ·			
Breed: _				Breed:					
Color: _									
Date of Birth: _									
Sex:				Sex:					
Spayed/Neutered:			Spayed/Neutered:						
Medications:			Medications:						
Feeding instruction	ons: <u>Amou</u> ı	nt:		Feeding instruc	ctions: Amount:				
Please circle: <u>[</u>	Ory / Wet 1x	<u> 2x 3x</u>		Please circle:	Dry / Wet 1x 2	<u>x 3x</u>			
			B	alatin A alaa ahaa					
			Boarding Li	ability Authorizatior	ו				
Pet(s) Name(s):									
be responsible for blankets, beds, col the visit it is agree veterinarian costs	the loss of a llars, leashes d that Anasa during or af	a pet due to a pet	escape, fire, or d g left with your p uthority to use or will be taken care	the named pet(s) above. Analeath. We will not be responsive (s) during their stay. In case or veterinarian on staff if avale of by the pet(s) owner or genedical conditions to surface	sible for loss or pose of sickness or railable for pet(s) raudander or or side of the contractions of the contraction	et(s) damaging any toys, medical emergency during named above. All			
Liability Release									
BY SIGNING BELOW, I DURING OR AFTER HIS			ING AND GROOMIN	G FROM ALL LIABILITY FOR ANY SY	MPTOM OR ILLNESS	THAT MY PET MAY DEVELOP			
I HAVE READ THE ANAS	SAZI PET BOARI	DING AND GROO	OMING BOARDING A	UTHORIZATION AND AGREE TO THE	E STATED CONDITION	S.			
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