452 Bishopsgate Rd. 519-449-1463

Burford, ON, N0E 1A0 email: perfectscentsk9@gmail.com

www.perfectscentsk9.ca



**CLIENT INFORMATION**:

# **PERFECT SCENTS K9**

**BOARDING, DAYCARE, GROOMING, OBEDIENCE TRAINING & SCENT DETECTION**

# **Last Name First Name /Spouse**

### Address City Postal Code

**Phone (Res) Phone (Cell) Email Address:**

**Pet Name Breed M/F Age N/S**

**Pet Name Breed M/F Age N/S**

**Medical Problems Yes ( ) No ( ) Dog’s Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## If Yes, please specify (DOES YOUR DOG HAVE ANY FEARS?)

**Proof of Vaccination:** Last Vaccination Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VET** **Clinic** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccinated against: Distemper \_\_\_\_DHLP \_\_\_\_\_ PV \_\_\_\_\_\_\_ R­ \_\_\_\_\_ CV \_\_\_\_\_\_\_ B\_\_\_\_\_\_\_\_

Verified BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccines including Kennel Cough or Bordetella (if any or all vaccines have not been administered please hereby release and waive PERFECT SCENTS K9 and all employees from and against any and all liabilities, losses, damages, costs or expenses of whatever kind or nature including attorney’s fees, which the undersigned may incur as a result of any medical problems or problems that may occur from having or not having the vaccines to the undersigned or their dog(s).

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

I GIVE PERFECT SCENTS K9 & EMPLOYEES AUTHORITY TO OBTAIN A COPY OF MY PETS MEDICAL RECORDS FROM MY VETERINARIAN or MAY CALL TO OBTAIN INFORMATION.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYEE SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veterinarian Phone**

**Address**

**Emergency Contact Person Phone (Cell) Phone (Bus)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Feeding Instrusctions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Conditions:**

**PERFECT SCENTS K9 its owners, independent contractors are not liable for any injury or damages caused to your pet while in boarding/day-care while playing with other dogs. Signing here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_indicates that you feel your dog is well socialized and able to play with other dogs and release PERFECT SCENTS K9 from any loss or claim.**

**PERFECT SCENTS K9, its owners, independent contractors are not liable to the undersigned for any damages or injury to the home, contents or pet(s) occasioned during the request of our services at any time, unless due to our negligence. In case of emergency, all attempts will be made to notify the party above for instructions, failing which PERFECT SCENTS K9 has permission to use sole discretion in removing emergency conditions. Any emergency that requires personal attention will be charged at the rate of $10.00 per hour plus any incurred costs. We require 24 hours notice of cancellation for a refund.**

**I read and understand all of the above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Client M/D/Y Signature of Sitter**

**Booked From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No. of Visits/days \_\_\_\_\_ x rate \_\_\_\_\_\_\_\_(+) d/c\_\_\_\_\_\_\_\_\_\_ Subtotal \_\_\_\_\_\_\_\_\_\_\_\_Deposit \_\_\_\_\_\_\_ HST\_\_\_\_\_\_\_\_\_ Total\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dog tag # \_\_\_\_\_\_\_\_\_\_\_\_\_ Description of Collar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact if different \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Items brought with dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M/D/Y \_\_\_\_\_\_\_\_\_\_\_\_**

**Booked From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M/D/Y \_\_\_\_\_\_\_\_\_\_\_\_**

**Booked From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Booked From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Booked From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M/D/Y \_\_\_\_\_\_\_\_\_\_\_\_**