



Client Information Form

35 BLACKS ROAD ARCADIA NSW 2159

info@petitepets.com.au

0414 844 129

OWNER'S NAME.....

ADDRESS.....

EMAIL ADDRESS.....

MOBILE.....

PET'S NAME.....

DOB..... DESEXED Y/N.....

BREED.....

VETS NAME.....

VACCINATION DATE.....

PET'S NAME.....

DOB..... DESEXED Y/N.....

BREED.....

VETS NAME.....

VACCINATION DATE.....

PETS NAME.....

DOB..... DESEXED Y/N.....

BREED.....

VETS NAME.....

VACCINATION DATE.....

CONDITIONS FOR BOARDING

All dogs must be vaccinated with C5 at least two weeks prior to boarding. F3 for cats.
Certificates must be sighted.

All pets must have flea/tick treatment.

I agree my dog can socialite with other dogs of similar size and temperament.

In the event of veterinary attention whilst in care, I agree to meet the costs of such care. All efforts will be made via your emergency number to keep you informed of any such events.

I understand that Petite Pets cannot be held responsible for Canine Influenza, Paralysis tick or any injury that may occur during their stay.

Payment of fees on departures by eftpos/cash.

Payment prior to departures by bank deposit Petite Pets:

Bank: ANZ

BSB: 012 321

A/C: 221104794.

I have read, understand and agree to the conditions of boarding.

Signed.....

Date.....