



Arbor Creek Animal Hospital & Rehabilitation Clinic BOARDING & GROOMING REGISTRATION FORM

OWNER Information

Name: _____ Spouse/Significant Other: _____
 Mailing Address: _____
 Town/City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email Address: _____ Spouse/Other Phone: _____
 EMERGENCY CONTACT: _____ PHONE for Emergency Contact _____

VETERINARIAN Information

Regular Veterinary Hospital Name: _____ Clinic/Hospital Phone: _____
 Who may we thank for referring you for boarding or grooming services?
 If other than a friend, how did you find out about us? Internet (Google / Facebook / Yelp / Other: _____)
 Yellow pages Driving by Other: _____

PET Information

Pet's Name: _____ Species: (Canine / Feline) Breed: _____
 Age/Date of Birth: _____ Gender: (M / F) Spayed/Neutered: (Y / N) Color: _____
 Microchip #: _____ Insurance Provider: _____
 Diet: _____ Food Allergies: _____
 Is your pet on heartworm prevention: (Y / N) What brand?: _____
 Other medications: _____

Pet's Name: _____ Species: (Canine / Feline) Breed: _____
 Age/Date of Birth: _____ Gender: (M / F) Spayed/Neutered: (Y / N) Color: _____
 Microchip #: _____ Insurance Provider: _____
 Diet: _____ Food Allergies: _____
 Is your pet on heartworm prevention: (Y / N) What brand?: _____
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 Is your pet on heartworm prevention: (Y / N) What brand?: _____
 Other medications: _____

I (do / don't) give ACAH&RC permission to use photos and/or videos of my pet on their website and/or printed materials.

I understand that payment is due at the time of discharge/pick up.

Method of payment: VISA Mastercard Cash Check

Signature: _____ Date: _____