

PURE WEST VACTION PET LODGE
PET OWNERS INFORMATION PAGE

DATE: ____/____/____

PRINT NAME: _____ SPOUSE: _____

Home phone: () _____ - _____

Work phone: () _____ - _____

Cell phone () _____ - _____

Work phone: () _____ - _____

Cell phone: () _____ - _____

Street address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

EMAIL ADDRESS: _____ or _____

HOW DID YOU HEAR ABOUT OUR FACILITY?

PLEASE PROVIDE US WITH FAMILY ROUTINES THAT WILL HELP US TO MAKE YOUR VALUED PETS STAY AT PURE WEST VACATON PET LODGE AS FUN AND FAMILIAR AS POSSIBLE:

PURE WEST HAS TAKEN EVERY MEASURE TO MAKE SURE THAT YOUR PETS STAY IS AS SAFE, SECURE AND COMFORTABLE AS POSSIBLE. IN THE EVENT OF INJURY OR ILLNESS THE ON SITE INKEEPER WILL CONTACT YOU IMMEDIATELY. IF YOU ARE UNREACHABLE THE INKEEPER WILL CONTACT EITHER YOUR VETERANARIAN OR OUR ON-CALL VETERANARIAN. IF NECESSARY YOUR PET WILL BE TRASPORTED TO THEIR CLINIC FOR TREATMENT. ANY COSTS INCURED WILL BE AT THE PET OWNERS EXPENSE. IF A GUEST IS RESPONSIBLE FOR ANY DAMAGES DURING THEIR STAY THEIR OWNER WILL ACCEPT FULL FINANCIAL RESPONSIBILITY AT TIME OF PICKUP. PLEASE SIGN BELOW INDICATING THAT YOU HAVE DONE AN APPROVAL INSPECTION OF OUR FACILITY AND THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT.

X _____
SIGN HERE

PRINT NAME HERE