

# Pet Suite Retreat

**BOARDING GROOMING DAYCARE**  
2300 Bellingham Rd, Troy, MI 48083

**DOGS & CATS  
OVER THE AGE  
OF 2 MUST BE  
SPAYED OR  
NEUTERED**

**Pet Owner's Name:** \_\_\_\_\_

**Address/City/State/Zip** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Dog** \_\_\_\_\_ **Cat** \_\_\_\_\_ **Other** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Circle One: Male/Female Neutered/Spayed**

**Color:** \_\_\_\_\_ **Approx. D.O.B.** \_\_\_\_\_

**2nd Pet's Name:** \_\_\_\_\_ **Dog** \_\_\_\_\_ **Cat** \_\_\_\_\_ **Other** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Altered:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Approx. D.O.B.** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_

Pet Suite Retreat agrees to exercise due and reasonable care for all animals left in our facility. Owner understands that his/ her dog may play in a group with others of similar size and temperament. In the unlikely event that said dog is injured in play or becomes ill, we will attempt to contact the owner and seek prompt veterinary advice and care from the designated veterinarian or Pet Suite Retreat's veterinarian. All expenses are the responsibility of the owner.

Kennel cough, like a cold or the flu, can affect your dog even if it has been vaccinated. Caused by an airborne virus, it can mutate so that no single vaccine will cover all strains. We strongly encourage the canine influenza vaccination as well as the symptoms for both are similar. Dogs with less sturdy immune systems are more susceptible to contracting kennel cough. Any expenses associated with the treatment of kennel cough are the responsibility of the owner.

If your animal is not picked up within 10 days after the stated pick-up date, you will be deemed to have surrendered the animal to Pet Suite Retreat. The owner agrees to resolve all disputes pertaining to the quality of care exercised by Pet Suite Retreat through arbitration.

**Pet Owner's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Boarding Dates:** \_\_\_\_\_ **to** \_\_\_\_\_

**Feeding Instructions:** **AM** \_\_\_\_\_ **amount** \_\_\_\_\_ **PM** \_\_\_\_\_ **amount** \_\_\_\_\_