

Escarpment Pet Retreat Inc.
6449 Guelph Line, Burlington, ON L7P 0A6
Phone: 905-333-0333 Fax: 905-335-4423

**PICK UP IS
AT NOON**

IMPORTANT: Please read the entire agreement, front and back, before signing!

Date: _____

Pick Up date: _____

I understand that I will be charged an additional day if I do not pick up my pet between 8am and noon on the day of checkout.

Initial Here

Client Information:

Owner/Guardian: _____

Address: _____

City/Prov./Postal Code: _____

Phone: (home) _____

Phone: (cell) _____

Phone: (other) _____

email: _____

Emergency Contact Information:

Name: _____

Phone numbers: _____

In the event that your family member becomes ill or injured, every effort will be made to contact you or the emergency contact person for instructions regarding the extent of care. If veterinary care is deemed advisable, the vet fees will be added to the invoice.

Pet Information:

Name: _____ Breed: _____

Sex: MALE FEMALE SPAYED/NEUTERED Age: _____

Vet's name and phone number: _____

Vaccination Certificate Supplied: YES _____ NO _____

I agree to supply a certificate of vaccinations for the items listed above.

Initial Here

Health issues/allergies/recent surgeries: _____

Medications / Supplements: _____

