



PET INFORMATION

Pet _____ of _____ - Please use separate forms for separate pets

Name: _____ Breed: _____

Age/DOB: _____ Sex: _____ Spay/Neuter: _____ Color: _____ Weight: _____

Current/past medical conditions, recent surgeries, etc. : _____

Has this pet ever bitten any person and/or animal? _____

Has this pet ever escaped a house, yard, enclosure, etc. by climbing, jumping, digging, etc.? _____

If yes, please explain: _____

- Temperament/Special Instructions: _____

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In the event of an emergency, TMI will attempt to contact Owner(s). If contact cannot be made, Owner(s) hereby give TMI express permission to take pet/s to the primary and/or secondary veterinarian (or to the closest open facility if the primary vet is not available). Owner(s) give permission for the veterinarian to administer any care or medications necessary.
Owner(s) will assume full responsibility for the payment for any and all veterinary services provided, up to the following specified amount: _____

Signed: _____ **Date:** _____

Primary Veterinary Contact

Veterinarian and/or Clinic name: _____

Phone: _____ Address: _____

Secondary Veterinary Contact (MedVet or Ohio State University will be assumed, if left blank)

Veterinarian and/or Clinic name: _____

Phone: _____ Address: _____

Feeding instructions:

- **PLEASE MEASURE FOOD ACCURATELY so as to not run out. Please also pack extra in case of spills or extended time frames.**
- **Feed scoop must be included!**

1.) Brand of food: _____ Amount: _____

Frequency of feedings: **AM & PM** **AM only** **PM only** **At will**

2.) Separate at feeding (if sharing a den with a family member): **Yes** **No**

3.) Canned food, chicken, peanut butter, etc. f needed: **Yes** **No**

(If your pet is having a difficult time adjusting to you being away and refuses to eat, canned food can help create a more appealing meal)

Medication and/or supplement instructions:

- ALL MEDICATION AND/OR SUPPLEMENTS MUST BE INDIVIDUALLY DIVIDED according to feeding instructions. All AM or PM medicines and/supplements can be in the same bag.

Medication: Name: _____ Instructions: _____

Name: _____ Instructions: _____

Name: _____ Instructions: _____

** This form, as well as the 'Owner Information Form' and any other 'Pet Information Forms', are to be made a part of The Madisson Inn's Boarding Contract. Owner Information Form and additional Pet Information Forms to be completed separately.

Owner signature: _____ Date: _____

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