

Adorybull Groom and Board, LLC
12635 Buffalo Road
Clayton, North Carolina 27527
Phone: 919-359-1548 ~ Fax: 888-359-4494 ~ email: Adorybull@aol.com

OWNER INFORMATION

Name: _____ Home Ph: _____

Address: _____ Mobile Ph: _____

Work Phone: _____ Mobile Ph: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Emergency Contact: _____ Phone : _____

I AUTHORIZE: _____ TO PICK UP MY PET.

How did you hear about us?: _____

Drop off: _____ Pick up: _____

Owner Signature: _____

PET INFORMATION

Name: _____ Breed: _____ Weight: _____

Date of Birth: _____ Sex: M N F S Color: _____

Is your dog friendly with other dogs?: _____

Is your dog friendly with strange people?: _____

Has your dog bitten or ever been bitten?: if yes, please explain? _____

How does your dog react to small or big dogs?: _____

Has your dog ever boarded before or visited a dog park? _____

Is your dog food or toy aggressive? If yes, please explain?: _____

Is your dog a digger or fence jumper?: _____

Is your dog a chewer? _____

Do you authorize Playgroup?: Yes NO

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DAILY ROUTINE INFORMATION

We can provide Now! and Go! (Petcurean brand) dog food if you do not want to bring your dog's own food for their stay. We charge \$3.00 per day.

House Food: Yes No Quantity in Cups: _____

Feeding Time: AM Noon PM Free-Feed Your dog's regular diet: _____

Feeding Instructions: _____

Is it ok to add canned food to your dog's food if they are not eating? Yes No

Is it ok to feed your dog rice if their stool is irregular? Yes No

FOOD BROUGHT FROM HOME MUST BE IN A SEALED CONTAINER OR ZIPLOC STYLE BAGS

MEDICAL INFORMATION

Medications, (routine oral or injectable meds) can be given up to twice daily at a charge of \$3.00 per day.

Veterinarian: Dr. _____ at _____ Clinic/Hospital

Address: _____ Phone: _____

LEVEL OF MEDICAL ATTENTION: (in case of emergency)

_____ All Possible Measures or Not to Exceed \$ _____

Please describe your pet's general health? (Include any current medical conditions) _____

Allergies (if any): _____

Current Medications: _____ Reason for Giving: _____

Frequency and time administered: _____

PET MEDS MUST BE BROUGHT IN THE ORIGINAL CONTAINERS (INCLUDING: SUPPLEMENTS, VITAMINS, ETC)

Preferred Method of Payment: Cash Check Visa M.Card

Credit Card No.: _____ Exp Date: _____

Name on Card: _____ CVV: _____

All new clients are required to hold their first reservation with a credit card number on file. A "NO SHOW" fee of \$25.00 is charged to the credit card if a client fails to cancel a reservation without giving 24 hours notice.