

Kevertin Pet Resort –Client Information Form

8623 Mullet Branch Road Easton, MD 21601 * Ph: 410-822-8161 * Fax: 410-822-4472 * kevertinpetresort@hotmail.com

Today's Date: _____

Owner's Name: _____

Owner's Home Number: _____ Work: _____ Cell: _____

Owner's Email Address: _____

Owner's Home Address: _____

Pet's Name, Breed and Birthday: _____

Pet's Veterinarian's Name and Number: _____

Emergency Contact Information (for you, or for someone who can make medical decisions for your pet):

Kevertin Pet Resort has permission to seek medical attention for my pet while he or she is in their care:

NO

YES

if yes, this permission is good: On a visit to visit basis

for a six-month duration

for a full year

Sign and date