



JO ANN'S FURRY FRIENDS
 118 CLARA ST.
 SCHRIEVER, LA 70395
 (985) 688-7349



Pet's Name(s): _____

Owner's Name and number: _____

Emergency Contact person and number: _____

Veterinary Clinic: _____

Date of last shots: _____

Feeding Times AM PM BOTH

Medications: _____

Any special instructions:

I understand that if my pet does contract a contagious illness, I must notify Jo Ann's Furry Friends immediately upon diagnosis from a veterinarian. This is to ensure that Jo Ann's Furry Friends can take the necessary precautions to curb the spread of the illness. _____ Initials

We have an obligation to provide each guest a healthy environment. All guests are inspected for critters during the check-in process. If fleas or ticks are found, the guest is immediately given a flea/tick bath. I understand if this happens I will be charged for this service at check-out. _____ Initials

I hereby consent and authorize Jo Ann's Furry Friends to receive and board my pet(s). I will not hold Jo Ann's Furry Friends or any employee responsible in any manner of medical situations that may arise as I thoroughly understand I assume all risks. I authorize Jo Ann's Furry Friends to bring my pet to the vet of their choice in the event that necessary care is needed. I will settle charges directly with the vet by providing my credit/debit card info with the vet by phone. If I am not reachable, I will reimburse Jo Ann's Furry Friends 100% of the vet bill. _____ Initials

Signature