## **CAYMAN PET PARADISE RESERVATION FORM**

NA	AME OF PET			
DC	OG BREED OR SIZE		CAT BREED OR SIZI	E
MA	ALE	FEMALE	AGE	SPAY/NEUTERED
OWNER'S NAME			EMAIL:	
НС	OME ADDRESS			
PO	OSTAL ADDRESS			
TE	ELEPHONE NUMBER(S)			
ВС	DARDING FROM		TO	
WILL COLLECT AM (BEFORE 10:30			ORE 10:30 AM) OR	PM (BEFORE 5:30 PM)
VE	ET'S NAME OR PRACTICE _			
HE	EARTGUARD			
FL	EA AND/OR TICK MEDICAT	TION - DATE:		
VA	ACCINATIONS/ANNUAL – D	ATE:	BORDETELLA – DA	ATE:
SP	ECIAL DIET OR OTHER USE	EFUL INFORMATION		
EMERGENCY CONTACT FOR HURRICANE SEASON				Micro chipped – Y/N
EX	XIT BATH (DOGS ONLY)	NAIL T	RIM / FULL GROOM (DOGS C	ONLY)
		COND	DITIONS OF ACCEPTANCE	
1.	All pets must be treated for fleas and ticks prior to entering the kennels. If a pet <u>has not</u> been treated, Frontline Top Spot will be applied before entering the kennel at an additional cost of CI \$10 per administration plus Frontline.			
2.	All boarders must be vaccinated (proof of current vaccination records may be requested). Now mandatory to have Kennel Cough Vaccine at least 3 days prior to boarding.			
3.	Although every possible care will be given, all pets are boarded entirely at the owner's risk			
4.	A Veterinary surgeon will be called if necessary, the account to be paid by the owner.			
5.	All rates are levied daily from and including the day of arrival and departure, unless the pet is collected before 10:30 am when no charge will be made for that day (with the exception of Sundays and Public Holidays which are charged at a full day's rate).			
6.	An additional charge of CI \$6.00 per day will be levied for administering daily medications.			
7.	Normal hours of operation are as follows: Monday-Friday 7:00 a.m. to 5.30 p.m. Saturdays 7:00 a.m. to 9:00am. Closed Sundays and Public Holidays to the Public.			
8.	All charges must be paid	d before the pet leaves	the kennels CASI	H / CHEQUE ONLY
SIG	GNATURE		DA	TE