

## K-9 Retreat – Boarding Reservation

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Client Name:		E	-Mail Address:		
Address:		•			
City/State/Zip:			Pet Name(s):		
Home Phone:			Pet Name(s):		
Cell Phone:			Pet Name(s):		
Cell Phone:			Pet Name(s):		
			(.,)		
Date(s) you wou	ld like to reserve:				
	Arrival Date:	/ /		Departure Date:	/ /
	Arrival Date:	/ /		Departure Date:	/ /
	erinary Clinic: narian's Name: Phone #:				
Vaccination	Date	Notes & C	Other Tasks:		
Bordetella					
Rabies					
DHLP/P					
Flea/Tick Treatment					
Prices (list daily p	rice you were quoted	)			
Daycare:					
Boarding:		Payment 1	Payment Method (circle): Cash/Check/American Express/Discover		
Discount Categories: Police/Fire/Emt/Military/55+ or each additional dog from same family. Discounts apply to boarding only. Please see our website for daycare package discounts.		ts		MasterCard	ł/VISA