

# Carefree Kennels

## Pet Care Information Form

15090 Mock Road, Berlin Center, Ohio 44401  
Ph: 330-547-2273 Fax: 330-547-7534

<u><b>Feeding Schedule</b></u> Pet's Name	Feedings Per Day	Amounts per feeding	Special Instructions

<u><b>Medication Schedule</b></u> Pet's Name	Times Per Day	Amount Given Per	Special Instructions

<u><b>Emergency Contact Information</b></u> Name	Phone (Cell – Home)	Relationship

<u><b>Treat Instructions</b></u> Pet's Name	Times Per Day	Commands To Be Given

**EMERGENCY MEDICAL INFORMATION**

In case of a medical emergency, I give Carefree Kennels permission to take any pet listed above to our Veterinarian \_\_\_\_\_, Phone No. \_\_\_\_\_ for medical care. If our Vet is not in or it is after hours, Carefree Kennels has my permission to take the pet to the Emergency Clinic of Girard or Dr. Eddie of Lordstown Veterinary Clinic. I understand that there will be extra charges applied to the boarding bill for transportation and medical costs and agree to pay for all charges incurred during this emergency. Any charges made by our vet will be billed through them. I understand I will be contacted as soon as possible about any problems.

Signed by Owner \_\_\_\_\_  
For stay (drop-off) \_\_\_\_\_ to (pick-up) \_\_\_\_\_.

Our Vet has been notified that we are going to be away during this time. Yes \_\_\_\_\_ No \_\_\_\_\_