

NEW CLIENT FORM
DUPONT ANIMAL CARE CENTER
FORT WAYNE, IN 46825

Name _____

Address _____

Home Phone _____

Cell _____

Email _____

PET INFORMATION (may list multiple pets on same sheet)

Name _____ CAT / DOG

Breed _____ Color _____

Age/Birth Day _____ Spayed/Neutered? _____

Approximate weight _____ Sex _____

Veterinarian _____

Health Problems/Allergies _____

Brand of food, feeding instructions, do you add anything special? _____

Emergency Contact _____

Phone# _____

***I agree that Dupont Animal Care Center(DACC) shall not be responsible or liable for any lost or damaged personal property belonging either to me or my pet.**

***If my dog is ill or injured while Boarding at DACC, DACC will make every reasonable effort to reach me using the contact information I have provided DACC. However, if DACC is unable to reach me, I consent to DACC seeking appropriate veterinary care and I accept responsibility for any and all associated expenses.**

***I understand that by bringing my dog(s) into an environment where other dogs are present, that the chance of the dog contracting Kennel Cough is present. Although DACC disinfects the kennels daily and monitors the health of every dog being boarded, there are no guarantees that Kennel Cough will not be contracted. With this understanding, I agree to board my dog(s) and understand that any and all veterinary costs associated with Kennel Cough will be my responsibility and not the responsibility of DACC.**

•Any pet not picked up within 14 days of the intended checkout date, will be considered abandoned and become property of DACC.

***I agree to pay the daily rate for boarding my pet(s) that is in effect on the date of entry to DACC. No pet will be released until all charges PAID IN FULL.**

PAYMENT IS DUE, IN FULL, AT THE TIME OF PICK UP.

By signing, I have read and agreed to the above Terms & Conditions.

Signature _____ Date _____