



CR Ranch
6060 American Ave.
Modesto, CA 95356

P: (209) 545-1255
crranchpetotel.com

New Client Package

YOUR INFORMATION



Last Name: _____ First Name: _____
Your Information

Last Name: _____ First Name: _____
Additional Person

Address: _____ Phone #: (____) ____ - ____
_____ Cell #: (____) ____ - ____
_____ Emergency #: (____) ____ - ____

Last Name: _____ First Name: _____
Emergency Contact

VETERINARIAN INFORMATION



Hospital: _____

Last Name: _____ First Name: _____
Veterinarian

Address: _____ Phone #: (____) ____ - ____
_____ Phone #: (____) ____ - ____

PET(S) INFORMATION



Pet's Name: _____ Breed: _____

Type: DOG / CAT D.O.B: ____/____/____

Color: _____ Age: ____ Weight: _____

Sex: MALE / FEMALE Expiration Date: _____

Altered: YES / NO Shots: ____/____/____ Rabies
____/____/____ Bordetella
____/____/____ DHLPP

Pet's Name: _____ *Breed:* _____
Type: DOG / CAT *D.O.B:* ____/____/____
Color: _____ *Age:* _____ *Weight:* _____
Sex: MALE / FEMALE *Shots:* _____/_____/_____
Altered: YES / NO *Expiration Date:* _____/_____/_____
Rabies
Bordetella
DHLPP

Pet's Name: _____ *Breed:* _____
Type: DOG / CAT *D.O.B:* ____/____/____
Color: _____ *Age:* _____ *Weight:* _____
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Color: _____ *Age:* _____ *Weight:* _____
Sex: MALE / FEMALE *Shots:* _____/_____/_____
Altered: YES / NO *Expiration Date:* _____/_____/_____
Rabies
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MEDICAL INFORMATION



Is your dog allergic to any type of **food**? YES / NO
If YES, please describe: _____

Is your dog allergic to any **medication**? YES / NO
If YES, please describe: _____

Does your dog have any **health concerns/injuries**? YES / NO
If YES, please describe: _____

Is your dog taking any medication? YES / NO

- Dogs Name:* _____ *Med:* _____ _____ a day - AM / PM
- Dogs Name:* _____ *Med:* _____ _____ a day - AM / PM
- Dogs Name:* _____ *Med:* _____ _____ a day - AM / PM
- Dogs Name:* _____ *Med:* _____ _____ a day - AM / PM

DIET



Are you providing your own food? YES / NO

If YES, you receive a 5% Discount

If NO, our house food is Diamond Pet Products, or equivalent.

Are there any restrictions to your pet's diet? _____

BEHAVIOR



Have you ever boarded before? YES / NO

If YES, please describe your dog's experience: _____

Check all situations where your dog may become uncomfortable or irritable:

_____ *Grabbing Collar*

_____ *Touching While Sleeping*

_____ *While on Leash*

_____ *Touching Ears*

_____ *Touching Paws*

_____ *Touching Tail*

_____ *Touching Mouth*

_____ *Around Other Dogs*

_____ *Other, Please Explain*

_____ *None*

Other: _____

Has your dog ever bitten a person? YES / NO

Has your dog ever bitten another dog? YES / NO

CR RANCH POLICIES



- CLIENTS MUST CONFIRM RESERVATION BY PROVIDING A \$50 DEPOSIT.
- CLIENTS ARE RESPONSIBLE FOR THE ENTIRE TIME RESERVED

Cancellation Policy: CR Ranch will **NOT** make any exceptions to this policy.

- **NOTICE OF 5 DAYS OR MORE: 90% REFUND**
- **NOTICE ON 3 DAYS: 50% REFUND**
- **NOTICE ON 2 DAYS OR LESS: NO REFUND**

By signing below I acknowledge all of the items listed in the CR Ranch Policies.

- I understand that I am responsible for the entire time I have booked.
- I understand that I am responsible for any property damage by my pet(s).
- I understand that hours are strictly enforced, and I will be **charged by the calendar day**.
- I understand that should pets soil themselves while boarding that they will be bathed at my expense.
- I understand that if deemed necessary by CR Ranch or it's staff members my pet will be treated by a veterinarian and I will be responsible for all veterinarian costs as well as a \$40 transportation fee.

Signature: _____ Date: ____/____/____

EMERGENCY CARE AUTHORIZATION



In the event your animal(s) shall require the service of a veterinarian in the opinion of CR Ranch or it's staff, CR Ranch will, as soon as discovered, notify the animal owner or assigned agent to your veterinarian on file (listed above).

Should your veterinarian be unavailable, CR Ranch or its staff may call any other licensed veterinarian of their choice. CR Ranch is not a veterinarian service and, as such, will be held harmless by animal owner for either notifying or not notifying a veterinarian.

All fees charged by said veterinarian shall be the sole responsibility of the animal owner, with no liability whatsoever on the part of CR Ranch for such fees.

1. I certify that I am the owner of this pet. I hereby grant permission to the boarding establishment to act on my behalf, and in my pet's best interest, by obtaining veterinarian care at my expense, if deemed necessary for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its stay at this facility.
2. In the event of illness or injury, the owner and employees of CR Ranch shall not be held personally liable for such injury or illness.
3. I agree to pay all costs for any property damage or personal injury caused by my pet during their stay. I agree to pay all charges on the day of pick-up, and I understand that my pet may not leave the premises until all charges are paid in full. I understand that any animal left for ten (10) days beyond the agreed date of pick-up may be sold, relinquished to a shelter, or disposed of at the discretion of the kennel owner.

The individual I have selected as my agent to make health care decisions for my pet(s) is at least 18 years of age and is not an employee of my animal health care provider.

I appoint **CR RANCH** as my agent to make health care decisions for all pets listed below:

Pet's Name:	Breed:	Color:	Age:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

I have read and agree to the above terms.

Print Name: _____

Signature: _____ Date: ____/____/____