

First Time Daycare Reservation | The Pet Set - Atlanta, GA

FIRST TIME PET MEDICAL RECORDS POLICY

We require from your veterinarian a completed medical history of your pet be submitted. Without this we cannot provide services. Please fax or email to the location of requested services. Briarcliff Road: 404-633-8755 or email: thepetset@thepetset.com

I am a (select one)

First time or Returning client

I have completed Pet Daycare Applications for each of my pets

Yes

No

If you have not completed a Pet Daycare Application, please click on the button above and complete a separate application for each pet before making a Daycare Reservation. If you feel that any previously submitted information about your pet needs to be updated, please fill out those items. Thank you!

Temperament Test

Please use the following Calendar to schedule your Pet's Temperament Test

Date of Temperament Appointment

Month Day Year

Drop Off Time Hour Minutes **Pick-Up Time** Hour Minutes **Your Information** Full Name * Last Name First Name Email * example@example.com **Address** Street Address Street Address Line 2 City State / Province Postal / Zip Code **Phone Number** Preferred telephone contact number.

Emergency Contact Name

Last Name

First Name

2

| Emergency Phone Number |
|--|
| Please enter a valid phone number. |
| Secondary Owner's Name |
| Last Name |
| Additional People who pets may be released to. We will only release pets to you or your assigned agents. |
| |
| |
| First, Last Names |
| 1st Pet's Name |
| Special Instructions |
| |
| |
| Please complete all fields for each additional pet. If no additional pets scroll down to the bottom and select submit. |
| 2nd Pets Name |
| If not adding any more pets scroll down to the bottom and select submit. |
| Special Instructions |

| Please complete all fields for each additional pet. If no additional pets scroll down to the bottom and select submit. |
|--|
| 3rd Pets Name |
| If not adding any more pets scroll down to the bottom and select submit. |
| Special Instructions |
| |
| |
| Do you have additional pets? |
| Yes No |
| Today's Date * |
| Month Day Year |
| |