

PROVIDENCE PLACE  
**VISITING PET REGISTRATION SHEET**  
(All information *must* be completed by pet owner).

Name of Pet Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Description of Pet:

<b>CAT</b>			
Color _____		Breed _____	
Vaccination Record _____			
Temperament			
Aggressive	<input type="checkbox"/>	Nervous	<input type="checkbox"/>
Passive	<input type="checkbox"/>	Shy	<input type="checkbox"/>

<b>DOG</b>			
Color _____		Breed _____	
Vaccination Record _____			
Temperament			
Aggressive	<input type="checkbox"/>	Nervous	<input type="checkbox"/>
Passive	<input type="checkbox"/>	Shy	<input type="checkbox"/>

**To all pet owners:**

Please carefully read the statement following and sign. If your pet in any way does not conform to all standards included in this statement, it may not visit in the building or anywhere on the grounds of Providence Place. We appreciate your cooperation in providing pet visitations to residents and clients of Providence Place.  
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**OWNER STATEMENT**

As the owner of the above mentioned pet, I make the following statements. I have provided a current vaccination record signed by a licensed veterinarian indicating that this pet is up to date for all vaccinations. Any pet other than a cat or dog must have specific approval from the Director of Care.

My pet is licensed in the town or city where I live. It is housebroken, well groomed, free of any odour and is not infected with any external parasites such as ticks, fleas, or lice. I will not bring my pet to this facility if it is in estrus (heat) or shows inappropriate signs of sexual behaviour. I understand that my pet must remain on a leash at all times while in the facility or on the grounds and additionally be controlled by verbal commands. My pet has never shown inappropriate or aggressive behaviour. I also understand that my pet may not be in areas where food is being served. As the owner of this pet I understand that I am liable and responsible for its behaviour, activities and any damage caused by the pet while in this facility. Finally, I am aware that I must sign in and fill in the required information in the pet registration roster at the beginning and end of each visit.

Witness \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_