

**Owner's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Emergency Contacts:** ***\*You must have at least one ER contact. Your pets are allowed to be released to the ER contacts without your prior consent. ER contacts are allowed to make decisions for your pet in your absent in case of emergency.\****

1.) **Name:** \_\_\_\_\_ **Relation to Owner:** \_\_\_\_\_

**Number:** \_\_\_\_\_ **CELL / WORK**

2.) **Name:** \_\_\_\_\_ **Relation to Owner:** \_\_\_\_\_

**Number:** \_\_\_\_\_ **CELL / WORK**

**Pet's Name:** \_\_\_\_\_ **Gender:** **MALE / FEMALE**

**Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Color / Special Markings:** \_\_\_\_\_

**Spayed / Neutered:** YES / NO **Vet's Office:** \_\_\_\_\_

**Vet's Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**UTD on ALL vaccines including kennel cough prevention:** YES / NO **Last vaccine date:** \_\_\_\_\_

***\*All vaccines required including a kennel cough prevention. Please bring a copy\****

**Do we have permission to contact your vet if needed:** YES / NO

**Does your pet have any physical limitations or special needs?** YES / NO **Explain:** \_\_\_\_\_

**Allergies:** YES / NO **Explain:** \_\_\_\_\_

**Do you use flea/tick preventative regularly on your pet?** YES / NO ***\*This is required\****

**Food Brand:** \_\_\_\_\_

***\*You must provide your pet's food.\****

**Amount and frequency:** \_\_\_\_\_ **Medications:** YES / NO \_\_\_\_\_

**Special Feeding Instructions:** \_\_\_\_\_

***\*First two medications or special feeding requirements are free. There is an additional charge for three or more.\****