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.*