

PAWS 4 THOUGHT K9 RETREAT, INC.

OWNER INFORMATION

NAME

ADDRESS

CITY, STATE ZIP

HOME PHONE

OTHER PHONE

DRIVER'S LICENSE #

HOW DID YOU HEAR ABOUT US?

EMERGENCY CONTACT [*Other Than Owner*]

NAME

PHONE #

PLEASE LIST ANYONE WHO HAS PERMISSION TO PICK UP YOUR DOG OTHER THAN THE NAME LISTED ABOVE

DOG INFORMATION

DOG NAME

BREED

AGE

BIRTHDAY

SEX

MALE

FEMALE

NEUTERED/SPAYED?

YES

NO

BRAND OF FOOD

CANNED

DRY

VETERINARIAN'S NAME

PHONE #

RABIES EXPIRATION

DHLPP EXPIRES

BORDETELLA EXPIRES

MEDICATIONS

SPECIAL INSTRUCTIONS

We feed a small amount of canned dog food, is that compatible with your dog's diet?	YES	NO
Does your dog have any medical conditions or allergies?	YES	NO
Does your dog have a history of biting?	YES	NO
Has your dog ever growled or snapped at anyone who has touched his or her food or toys?	YES	NO
Describe any behavioral problems.		

CLIENT AGREEMENT

Owner agrees to pay the rate for boarding, grooming and training on the date the dog is checked out.

Owner further agrees to pay all costs and charges for special services required, including but not limited to any and all veterinary costs for the pet during the time the pet is in our care. Owner further agrees that the pet shall not leave the kennel until all charges incurred are paid.

If pet becomes ill or if the state of the animal's health otherwise requires professional attention, Paws 4 Thought, at its sole discretion, may engage the services of a local veterinarian or medical attention to the animal and any and all expenses thereof shall be paid by the owner.

I authorize the release of said pets medical records from my veterinarian.

I understand that I am solely responsible for any harm caused to or by my dog(s) while dog(s) is/are boarding at Paws 4 Thought.

I also understand and agree that in admitting my dog(s), Paws 4 Thought has relied on my representation that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other dog. I specifically represent the pet has not been exposed to rabies or distemper within a 30 day period to any stay.

SIGNATURE _____

DATE _____