

EMERGENCY INFORMATION

PET INFORMATION:

Pet #1 Name: _____ Breed: _____ Date of Birth: _____

Sex: Male / Female Spayed/Neutered? Yes / No Microchip: _____

Color: _____ Special Markings/Appearance: _____

Pet #2 Name: _____ Breed: _____ Date of Birth: _____

Sex: Male / Female Spayed/Neutered? Yes / No Microchip: _____

Color: _____ Special Markings/Appearance: _____

Pet #3 Name: _____ Breed: _____ Date of Birth: _____

Sex: Male / Female Spayed/Neutered? Yes / No Microchip: _____

Color: _____ Special Markings/Appearance: _____

OWNER INFORMATION:

Owner #1 Name: _____ Primary Phone Number: _____ cell/home

Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone Number: _____

Owner #2 Name: _____ Primary Phone Number: _____ cell/home

Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone Number: _____

EMERGENCY CONTACTS:

In the event that the owners cannot be reached, please list emergency contacts below:

Name: _____ Phone Number: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Do you give this person permission to pick up your pet(s) if needed? Yes / No

Name: _____ Phone Number: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Do you give this person permission to pick up your pet(s) if needed? Yes / No

Name: _____ Phone Number: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Do you give this person permission to pick up your pet(s) if needed? Yes / No

MEDICAL INFORMATION:

Veterinarian Name: _____ Clinic Name: _____

Phone Number: _____ Emergency Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Medical Problems/Conditions/Allergies/Special Care:

Medications/Directions:

Dietary Care/Restrictions/Feeding Information:

Additional Information:

****All pets must be up to date on required vaccinations prior to their boarding stay. We require medical records with proof of all required vaccines (Rabies, Bordatella, and DHPP). These records can be emailed to pretypaws2015@gmail.com or dropped off in a hard copy form.**

Initial _____

RELEASE:

I have informed Pretty Paws Grooming & Boarding of all, if any, medical conditions that my pet(s) may have. To my knowledge, my pet(s) is in good health or being treated with proper medical care for any conditions. I acknowledge that in the event of an emergency, Pretty Paws Grooming & Boarding will attempt to contact both owners first, followed by the emergency contacts listed. If they are unable to reach any of us, I give them permission to transport my pet(s) to Animal Medical Center of Panola County or to the closest emergency vet, unless I have a local vet listed. I accept all financial obligations/bills of any veterinary care or services rendered. I understand that although all pets are fully supervised, incidents of injuries may occur from playing with other pets, which includes but not limited to bites, scrapes, scratches and sprains. I release Pretty Paws Grooming & Boarding, the owner, and staff from any and all liability which I or my pet(s) may suffer including but not limited to injury, sickness, damage, or death resulting from participation in daycare and boarding.

Signature of Owner: _____ **Printed:** _____ **Date:** _____