

Small Paws Bed & Biscuit

Pet's Name (Most Important)

Age

Male/Female

Breed

Color

Your Name

Spouse

Home Phone

Cell Phone

Address

_____, TN _____
City Zip

E-mail Address

Are Vaccinations Up to Date? Yes No
(Please attach to form)

Spayed/Neutered Yes No

Please list any current health problems or concerns you may have with your pet:

Is your pet on any medication or is having at home vet care? If so please list medications and instructions for care:

Please name the veterinarian that you use and their contact information:

What kinds of activities does your pet like to do (ie: play fetch, balls, chew toys)

Is your pet house trained? Y/N

Have you ever boarded your pet before? Y/N

My Pet is:

____ Good with other dogs

____ Is a barker

____ Is afraid of thunder

Reasonable precaution will be used against injury, escape or death of your pet. Small Paws will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed best by Small Paws and I assume full responsibility for the treatment expense involved.

Owner Signature

Date