



Owner Information:

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ If referred, by who? \_\_\_\_\_

Emergency Contact (Name and Phone): \_\_\_\_\_

(In the Event of an Emergency we require an alternate contact in addition to the Owner)

Other Person(s) authorized to pick up pet(s): (Pets will only be released to Owner, except those authorized below)

Name and Phone 1) \_\_\_\_\_

2) \_\_\_\_\_

Pet Information:

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Microchipped: Yes No Neutered/Spayed: Yes No Wings Clipped Yes No

Veterinarian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical/Behavior Conditions: \_\_\_\_\_

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Medical and Directions:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Your Pet ever Bitten or Scratched any Person or animal? \_\_\_\_\_

(if yes please explain) \_\_\_\_\_

Does your pet Drink water from a bowl? \_\_\_\_\_

Type of Cage: \_\_\_\_\_ Is your Pet loose at home? \_\_\_\_\_

Other Special Needs/Comments: \_\_\_\_\_

Feeding Instructions:

Brand of Food: \_\_\_\_\_ How Much: \_\_\_\_\_ How Often: \_\_\_\_\_

Do you leave food out all the time: \_\_\_\_\_

Can your pet have treats while staying with us? Yes No

Food Allergies: \_\_\_\_\_