

Date:			
Parents/Guardians:			
1.	DOB:	DL#	STATE
Hm ph:	Wk ph:	Cell ph:	
Email:			
2.	DOB:	DL#	STATE
Hm ph:	Wk ph:	Cell ph:	
Email:			
Mailing Address:			
City:	State:	Zip:	
Physical Address (if different from mailing address):			
City:	State:	Zip:	
Emergency contact:			
Name:		Relationship:	
Hm ph:	Wk ph:	Cell ph:	
Name:		Relationship:	
Hm ph:	Wk ph:	Cell ph:	
Payment information:			

We accept the following credit cards: (please circle one)		VISA	MASTERCARD
Name on card:	Card #:		Exp:
Please enter pet information on reverse side			

1 <sup>st</sup> Pet's name:		Type: (please circle one) Dog – Cat – Bird – Rabbit - Other	
Breed:		Color:	Weight:
Sex: M F	Spayed/Neutered: YES NO		Environment: Indoors Outdoors
DOB:	Disposition:		
Vet's Name;		Address:	
Office Phone:		Immunizations up to date (records must be provided): Y N	
Special Needs: YES NO		If yes, please explain:	
Medications: YES NO		Please list medications and schedule here:	
Ailments:		Food:	
Special Instructions:			

2 <sup>nd</sup> Pet's name:		Type: (please circle one) Dog – Cat – Bird – Rabbit - Other	
Breed:		Color:	Weight:
Sex: M F	Spayed/Neutered: YES NO		Environment: Indoors Outdoors
DOB:	Disposition:		
Vet's Name;		Address:	
Office Phone:		Immunizations up to date (records must be provided): Y N	
Special Needs: YES NO		If yes, please explain:	
Medications: YES NO		Please list medications and schedule here:	
Ailments:		Food:	
Special Instructions:			

3 <sup>rd</sup> Pet's name:		Type: (please circle one) Dog – Cat – Bird – Rabbit - Other	
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Breed:		Color:		Weight:
Sex: M F	Spayed/Neutered: YES NO		Environment: Indoors Outdoors	
DOB:		Disposition:		
Vet's Name;			Address:	
Office Phone:		Immunizations up to date (records must be provided): Y N		
Special Needs: YES NO		If yes, please explain:		
Medications: YES NO		Please list medications and schedule here:		
Ailments:		Food:		
Special Instructions:				
<p>Please be sure you have read and signed agreement to terms and conditions on accompanying pages. Agreement and waiver must be read/signed for your pet to stay with us. All immunizations must be up-to-date and on file in our office for your pet to stay with us.</p> <p>Signed Terms and Conditions Agreement on file: YES NO (for office use only)</p>				