

WAGGIN' TAILS JUNCTION

Owner Name _____ Email address: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Additional Owner _____ Email address: _____

Home Phone _____ Cell Phone _____ Work Phone _____

↑ Please check which contact number you prefer. ↑

Home address _____ City _____ State _____ Zipcode _____

How did you hear about us? _____ If referred, who can we thank? _____

What services are you interested in? Boarding Daycare Obedience Class Other (Please specify) _____

Permanent Emergency Contact: In the event of a serious emergency and we are unable to get in touch with you, who should we call?

Name _____ ph #1 _____ ph #2 _____

1) *Pet name* _____ Male Female Neuter Spay Breed _____

Birth date _____ Color _____ Weight _____

Any medical conditions? _____ Dietary restrictions? _____

Usual brand of dog used at home? _____

2) *Pet name* _____ Male Female Neuter Spay Breed _____

Birth date _____ Color _____ Weight _____

Any medical conditions? _____ Dietary restrictions? _____

Usual brand of food used at home? _____

3) *Pet name* _____ Male Female Neuter Spay Breed _____

Birth date _____ Color _____ Weight _____

Any medical conditions? _____ Dietary restrictions? _____

Usual brand of food used at home? _____

4) *Pet name* _____ Male Female Neuter Spay Breed _____

Birth date _____ Color _____ Weight _____

Any medical conditions? _____ Dietary Restrictions? _____

Usual brand of food used at home? _____

Your Veterinary Clinic: _____

Is your pet using parasite preventatives? _____

Heartworm Yes No

Fleas Yes No

While every precaution will be taken to prevent accident, injury, fire, sickness, death, ect: animals are placed at Waggin' Tails Junction at the risk of the owner. Waggin' Tail Junction shall not be held responsible for the animal(s) named above. In the event of illness or injury a qualified veterinarian will be summoned. The owner will pay the cost of the medication and veterinarian bill. In the event of serious illness every effort will be made to contact the owner at the emergency number provided. If owner cannot be reached immediately Waggin' Tails Junctions will make the necessary decision regarding the treatment of the animal.

Signature _____ Date _____