

GENTLE PAWS PET SITTING REGISTRATION

CLIENT INFORMATION

Client Name(s):
Address:
E-Mail:
Home Phone Number:
Mobile Number(s):
Other Emergency Contacts:

ANIMAL INFORMATION & MEDICAL HISTORY

Name: _____ Gender: _____ Age: _____ DOB: _____
Species/Breed: _____
Regular Veterinarian: _____
Vet Phone: _____
Last Rabies Vaccination Date: _____
Last Distemper Vaccination Date: _____
Bortadella Vaccination: _____
Flea/Tick Preventative Given: _____
Pre-existing Medical Conditions: _____
Allergies: _____
Supplements/Medication: _____
Feeding Times/Amount: _____
Treats: _____
Anxieties/Idiosyncrasies: _____
Notes/Miscellaneous Information: _____

Pet Photo

BITE POLICY and EMERGENCY TREATMENT AUTHORIZATION

I understand that by signing this I am assuring Gentle Paws that my dog is up to date on rabies and distemper vaccinations, and if boarding with Gentle Paws, is social toward other dogs. If my dog bites another dog, I understand that I will be responsible for veterinary expenses incurred.

Client Signature _____ Date _____

In the event of an emergency with my pet, I authorize Lorna Steele/Gentle Paws Pet Sitting to take my pet to our regular veterinarian if available, or to an appropriate emergency facility for assessment and initial treatment/stabilization. I understand that I will be contacted as quickly as possible by the veterinary office regarding assessment, recommended treatment and estimated costs. However, by signing this I am authorizing whatever treatment necessary to stabilize my animal. I understand that initial stabilization of a critically ill or injured pet MAY be up to \$400.

Client Signature _____ Date _____