WELCOME TO PAMPERED PAWS!!! Please Complete the Form Below Prior to Your CATS Stay!

			th us? From		
			AM or PM		
What time will you be dropping off? AM or PM					My Pet is here
Has your po	et stayed with	us in the past	? Yes No_		for day care.
PET PARENT INFORMATION					Yes
Name: Phone:					No
Is this a mo	bile, work or l	nome phone?			
If mobile, d	o you prefer te	exting? Yes	No		
Just in case	, who is your p	referred vete	erinarian?		
		DET INE	ORMATION		
Please	list all the info		are able for ea	ich pet that y	ou have.
NAME	BREED	AGE	SPAYED/	SPECIAL	GENDER
		110.	NEUTERED?	NEEDS	G.2.1.2.2.1
*Is your	pet trained to	hunt/attack	small animas s	such as mice,	squirrels,
	rabbits or	other vermin	n/animals? <i>Yes</i>	or No	
			<u>'ACCINATIONS</u>		
We require that your Cat be current on vaccinations for rabies, leukemia and					
distemper/parvo. Please sign this form acknowledging that your pet(s) meet(s) the					
requirements listed before and after this point and that if you knowingly board your pet(s) that do not meet the requirements due to fraudulent paperwork and other pets					
		-			_
			t will be at the e		
•		, .	disaster of any s ered Paws Salon		• •
			rictly for the rein		
		-	al(s) only while		_
			g such incidents		
_		•	use(s) injury, de	-	
			erson or animal,		
			nal(s). Pampere		
	_		If the listed pet(-	· ·
_	-	-	ated against, Par	-	
not be lial			s or veterinarian		
	below acknow	ledges agreeme	ent of all of the a	torementione	d.

Pet owner sign here______ Date:_____