

Complete one form for **each** pet.

(revised 12/20/11)

## NEW CLIENT and PET DATA

Welcome to Bowzer House Boarding, LLC. Our mission is to provide our guests with the best possible loving & compassionate care. Please help us by sharing some information about yourself and your pet.

### OWNER INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Spouse/ Other: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
 Hm Phone: (\_\_\_\_) \_\_\_\_\_ Cell /Pgr: (\_\_\_\_) \_\_\_\_\_ Wk Phone: (\_\_\_\_) \_\_\_\_\_  
 Driver's License No. and Expiration (*required for check acceptance*): State \_\_\_\_\_ # \_\_\_\_\_  
 Email Address: \_\_\_\_\_ May we use it to send notices: Yes [ ] No [ ]  
 Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_  
 (↑ mostly, in the event of "evacuation" but also for info if we cannot get you ↑)

### PET INFORMATION:

**Vaccinations MUST be up to date!!**

Vet Clinic: \_\_\_\_\_ Vet's Phone: (\_\_\_\_) \_\_\_\_\_  
 May we contact your vet to request your pet's records be faxed to our office? Yes [ ] No [ ]  
**Required vaccinations for ~**  
**Dogs: DA2PP (Distemper/Adno Influenze/Parainfluenza/Parvo) ; Rabies AND "Kennel Cough" or Bordetella**  
**Cats: FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia) ; Rabies AND Feline leukemia**  
 Where were the most recent vaccinations given? \_\_\_\_\_  
 Is your pet under veterinary care for any problem or concern? Yes [ ] No [ ] If yes, please explain: \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ [ ] Dog [ ] Cat [ ] Male [ ] Female  
 Breed \_\_\_\_\_ Color(s) \_\_\_\_\_ May we give Treats? \_\_\_\_\_  
 Does your pet have any allergies, special medications, or health problems we should know about? Yes [ ] No [ ]  
 If yes, what? \_\_\_\_\_  
 Has your pet been spayed or neutered? Yes [ ] No [ ] DOB or age today \_\_\_\_\_

**SPECIAL ATTENTIONS:** Please tell us ahead of time if there is anything we need to know about your pet's personality, health, disposition, etc. that may affect his/her performance in our facility. We want your pet's experience with us to be really fun ... *and us not to get bit* ☺

Please check ALL that apply for your pet:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> No Flea Dip         | <input type="checkbox"/> Warts/Moles                    | <input type="checkbox"/> Skin Problems             | <input type="checkbox"/> Brush Burns Easily   |
| <input type="checkbox"/> Blind               | <input type="checkbox"/> Deaf                           | <input type="checkbox"/> Heartworms/Heart Problems | <input type="checkbox"/> Epileptic (seizures) |
| <input type="checkbox"/> Diabetic            | <input type="checkbox"/> Arthritic                      | <input type="checkbox"/> Heart Condition           | <input type="checkbox"/> Tooth Problems       |
| <input type="checkbox"/> Extreme Nervousness | <input type="checkbox"/> Recent Surgery (explain below) | <input type="checkbox"/> Other (explain below)     |   |

Explanations: \_\_\_\_\_  
 Has your pet ever shown aggression to anyone? Yes [ ] No [ ] Is your pet a jumper/ digger? Yes [ ] No [ ]  
 Another animal? Yes [ ] No [ ] Is it ok to touch your pet's collar, etc? Yes [ ] No [ ]

**Payment is due for all charges incurred upon pick-up of pets(s). Cash, Checks, Visa, M/C & Discover**  
**I verify that all the information provided is accurate.**

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

Please do not use my pet's picture / image for advertising purposes.

\*\* Please let us know how you heard about us: \_\_\_\_\_

*Note: We do not give out your personal information.*

*Thank you so much!*