

Complete one form for **each** pet.

(revised 2/6/14)

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 Ph: (____) _____ Cell [yours]: (____) _____ Cell[other]: (____) _____
 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: _____
 (↑ **NOT** someone who goes with you - like, in the event of "evacuation" ↑)

PET INFORMATION:

Vaccinations MUST be up to date!!

Vet Clinic: _____ Vet's Phone: (____) _____
 If necessary, may we contact your vet with questions concerning your pet's records/history? Yes [] No []

Required Annual Vaccinations for ~

Dogs: Hepatitis, Distemper, Adno Influenze, Parainfluenza, Parvo, Leptospirosis; Rabies; AND "Kennel Cough" or Bordetella
Cats: Feline Rhinotracheitis, Calicivirus, Panleukopenia; Rabies; AND Feline leukemia
 ++NOTE: The State of Louisiana requires Rabies vaccinations to be given annually.

Is your pet currently 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 / 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 comfort 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:

___ No Flea Shampoo("dips" not used) ___ Warts/Moles ___ Skin Problems (explain) ___ Epileptic (seizures)
 ___ Blind/partial sight ___ Diabetic ___ Heartworms ___ Tooth Problems
 ___ Deaf/hearing diminished ___ Arthritic ___ Heart Condition ___ Other (explain below)
 ___ Extreme Nervousness ___ Recent Surgery (explain below w/date)

Explanations: _____
 Has your pet ever shown aggression to people? Yes [] No [] Is your pet a jumper/ digger? Yes [] No []
 To another animal? Yes [] No [] Is it ok to touch your pet's collar, etc? Yes [] No []

Payment is due for all charges incurred prior to remittance of pet(s). Cash, Checks, Visa, M/C & Discover

I verify that all the information provided is accurate.

Signed: _____ Date: _____

___ It is OK to use my pet's picture / image with his/her first name and last initial.

** Please let us know how you heard about us: _____

Note: We do not give out your personal information.

Thank you so much!