



Small Paws Bed and Biscuit

Pet's Name _____ **Birth Year** _____ **Male/Female**

Breed _____ **Color** _____

Your Name _____ **Spouse** _____

Home Phone _____ **Cell Phone** _____ **Other** _____

Address _____ **City** _____, **TN** _____ **Zip** _____

E-mail Address: _____

Are Vaccinations Up to Date? Yes/No _____ **Spayed/Neutered? Yes/No** _____

Please list any current health problems or concerns you may have with your pet.

Please name the veterinarian that you use and their contact phone number.

How did you hear about Small Paws? _____

Is your pet housetrained? Y/N _____ **Have you ever boarded your pet before? Y/N** _____

Good with other dogs Y/N _____ **Is a barker Y/N** _____ **Is afraid of storms Y/N** _____

Is your pet allowed to have treats and/or bones? Y/N _____

Reasonable precaution will be used against injury, escape or death of your pet. Small Paws will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed best by Small Paws and I assume full responsibility for the treatment expense involved.

Owner Signature _____ **Date** _____