



Pawsh Pet Feline & Small Animal Boarding Application and Pet Profile

Please complete a separate form for each pet.

Owner _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell (or Other)Phone _____

E-mail Address _____

Emergency Contact _____ Phone _____

Name of people authorized to drop off/pick up your pet(s) _____

(Authorized persons must show valid picture I.D. or we will not release your pet(s) to their care.)

All overnight guests must pick up pet(s) by noon or an additional overnight rate will be charged.

How did you hear about Pawsh Pet Resort & Spa? _____

Pet's Name _____ Breed _____

Male/Female _____ Spayed/Neutered _____

Color _____ Weight _____ DOB/Age _____

Markings/Features _____

How long have you had your pet? _____

Feeding Instructions _____

Vet's Name _____ Phone _____

Please list vaccinations and dates given _____

(Pets will be evaluated for fleas/ticks upon check-in and if necessary will be treated at owner's expense.)

Current Medical Conditions _____

Does your pet have any sensitive areas? _____

Does your pet have any allergies? _____

Medications (including flea & tick) pet currently using _____

Medication – list amounts, times per day and special instructions to administer to pet

Feeding Instructions

Name/type of food _____

Quantity _____ Frequency _____

Special Instructions _____

Does your pet have any food restrictions? _____

Can your pet have all-natural treats while visiting us? _____

Date & time you last fed your pet _____

We request that you bring your pet's regular food to avoid causing any possible digestive issues. If possible, we ask that the pet's food be divided into separate portions for each feeding and labeled with pet's name and any special feeding instructions.

Please describe your pet's personality _____

Likes _____

Dislikes _____

Please list any additional information regarding your pet that we should know. _____

Waiver: Owner agrees to conform to and be bound by the policies and procedures of Pawsh Pet. Owner has provided to the best of their knowledge, that the information provided is both accurate and true. Owner has read, understands, and agrees to the Pet Care Authorization & Release Agreement. Owner understands that these policies and procedures may be amended at any time. In the event of failure of the Owner or Owner's Pet(s) to conform to such rules, Pawsh Pet shall have the right to discontinue such rights of Owner's Pet(s) to access Pawsh Pet.

Owner's Name (Print) _____

Signature _____ Date _____