

ANIMAL HOUSE

DOGGIE BED & BREAKFAST

CUSTOMER INFORMATION

42 VIC EDWARDS ROAD, SARASOTA, FL 34240 (941) 378-3393

OWNER'S NAME _____

<u>PET(S) NAME</u>	<u>BREED</u>	<u>COLOR</u>	<u>AGE</u>	<u>SEX (M/F)</u>	<u>NEUTERED/ SPAYED? (Y/N)</u>
1. _____					
2. _____					
3. _____					

ADDRESS _____
STREET CITY STATE/ZIP

PHONE _____
BEST NUMBER TO REACH YOU ALTERNATE NUMBER #1 ALTERNATE NUMBER #2

EMAIL _____

VET'S NAME & PHONE _____

YOUR PET(S) MUST BE UP TO DATE ON ALL VACCINATIONS INCLUDING RABIES & BORDATELLA. PLEASE ATTACH A CURRENT COPY OF YOUR PET'S SHOT RECORDS TO THIS FORM.

YOUR PET MUST ALSO BE ON SOME TYPE OF FLEA PREVENTION. WHAT TYPE OF FLEA CONTROL IS YOUR PET ON? _____

DESCRIBE YOUR PET'S PERSONALITY, SPECIAL NEEDS AND ALLERGIES IF ANY _____

EXPLAIN IF YOUR PET HAS DISPLAYED ANY AGGRESSION TOWARD PEOPLE OR OTHER ANIMALS:

IS YOUR PET AFRAID OF THUNDER?___ MEN?___ WOMEN?___ OTHER?_____

IS YOUR PET COMFORTABLE SLEEPING IN A CRATE AT NIGHT? Yes No

FOOD _____
WHAT DO YOU FEED YOUR PET? DRY OR WET? HOW MANY TIMES A DAY? HOW MUCH PER FEEDING?

HOW DID YOU HEAR OF US? _____

ANTICIPATED DATE OF PET'S FIRST STAY? _____ OVERNIGHT DAYCARE

BACKUP CONTACT (IF YOU ARE UNREACHABLE PAST PICKUP DATE):

NAME: _____ **PHONE:** _____

I UNDERSTAND THAT MY DOG'S STAY AT ANIMAL HOUSE IS NOT WITHOUT THE POSSIBLE RISK OF ILLNESS OR INJURY, EVEN WHEN THE UTMOST CARE IS TAKEN. I AGREE NOT TO HOLD THE OWNERS AND STAFF OF ANIMAL HOUSE LIABLE FOR ILLNESS OR ACCIDENTAL INJURY DURING MY PET(S)' STAY HERE. IF MEDICAL ATTENTION IS NEEDED, I GIVE THE ATTENDING PHYSICIAN PERMISSION TO BEGIN MEDICAL TREATMENT AND AGREE NOT TO HOLD THE ABOVE-MENTIONED PARTIES AS WELL AS THE ON-CALL VET, AND THEIR STAFF RESPONSIBLE OR LIABLE FOR ANY COMPLICATIONS ARISING OUT OF THE ADMINISTERED TREATMENT.

SIGNATURE OF OWNER (OR AUTHORIZED AGENT)

DATE