

**PERFECT PAWS PET SERVICES INC.** /please print clearly/

Pet's Name \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Guardian/Owner \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_

How did you hear about Purrfect Paws Pet Services? \_\_\_\_\_

**Pet Personality Profile**

Dog's/pet's Name:

\_\_\_\_\_

How old is your dog/pet? \_\_\_\_\_

Does your dog/pet like children?

\_\_\_\_\_

Does your dog/pet have any health issues that would cause restrictions on activities or movements? \_\_\_\_\_

Does your dog/pet have any dietary restrictions?

\_\_\_\_\_

Does your dog go to dog parks? \_\_\_\_\_

If yes, how does he/she get along? \_\_\_\_\_

**BILLING POLICIES:** Holidays will require 50% payment up front to secure the reservation at time of booking./except Thanksgiving and Christmas/ Late fee of

\$25 per month will be incurred on outstanding invoices. We are a small business and appreciate your prompt payment.

I have read and understand the Billing Policies Statement :

## **Medical Release Form**

Dear Client:

In the event that our staff deems your dog/pet is in need of immediate veterinary care, or your dog/pet presents with a potential illness and we are unable to contact you, or you are unable to pick up your dog/pet we will take your dog/pet to a licensed veterinarian. If your personal veterinarian is located nearby we will make every attempt to have your dog/pet taken to them. If your veterinarian is unavailable, or we deem that your dog/pet needs immediate care, or your veterinarian is out of our area, we will transport to the nearest Animal Hospital.

I \_\_\_\_\_, as guardian of \_\_\_\_\_ give permission for Purrfect Paws Pet Services to act as my agent in the event of my dog/pet needing medical attention. I further agree that I will be responsible for any and all cost of any veterinary care deemed necessary by the licensed veterinarian.

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

Day Time Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Regular \_\_\_\_\_ Veterinarian's \_\_\_\_\_ Name \_\_\_\_\_  
Phone#/Address \_\_\_\_\_

**Special Instructions :**