

# HOME FUR NOW

## Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home) : \_\_\_\_\_ (Cell) : \_\_\_\_\_ (Work) : \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Is there any other person authorized to pick up your pet? \_\_\_\_\_

## Pet Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Male  Female Spayed / Neutered:  Yes  No Ever boarded before?  Yes  No

If yes, describe past experience: \_\_\_\_\_

Does your pet have any restrictions related to play and/or socialization?  Yes  No If yes, please explain: \_\_\_\_\_

Please tell us any important information about your pet's likes and dislikes (ex. Doesn't like collar grabbed, likes ears rubbed): \_\_\_\_\_

### Attributes

- fence climber
- digger
- jumps
- protective
- mouthy
- fear of noise/thunder
- house broken
- paper/litter trained
- afraid of men
- other: \_\_\_\_\_

### Personality

- outgoing
- verbally sensitive
- timid
- affectionate
- pushy
- aggressive
- excitable
- playful
- independent
- barks a lot

### Behavior

- will bite
- may bite
- growls
- snaps
- shows teeth
- freezes
- trembles
- moves away
- a perfect angel
- toy/food aggressive

## Feeding Information

How many times a day do you feed your pet and at what times? \_\_\_\_\_

How much per feeding does your pet receive? \_\_\_\_\_

Can your pet have treats and / or peanut butter?  Yes  No

Do you leave food out for your pet until it is gone or pick it up after a certain amount of time? \_\_\_\_\_

**Medical Information**

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Emergency Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In the event of an emergency, whom should we contact if you are unavailable?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

If your pet requires medical attention, Home Fur Now will attempt to contact you for instructions regarding care. If Home Fur Now is unable to contact you within a reasonable amount of time, or if it is determined in otherwise good faith that the condition of the pet requires immediate medical attention, Ruthanna Ross and the caregivers of Home Fur Now, are hereby authorized to administer such medical attention as deemed appropriate, or seek medical attention for your pet from your designated veterinarian or, if no such designation has been made, by a veterinarian selected by Home Fur Now in its discretion. All costs and expenses incurred by Home Fur Now or such veterinarian are your sole responsibility and will be paid promptly by you.

By signing below, I acknowledge and understand the policy above. Furthermore, I authorize the contact(s) listed above to make medical decisions regarding my pet in my absence.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does your pet have any allergies or other medical problems?  Yes  No If yes, please explain:

\_\_\_\_\_

Does your pet take medication on a regular basis?  Yes  No If yes, what is the medication and purpose?

\_\_\_\_\_

Will your pet require medication during its stay?  Yes  No If yes, provide details of dosage and times:

\_\_\_\_\_

Please provide your pet's current vaccination / preventative information:

Dog Vaccination / Preventative	Date Given	Due Again
Rabies		
Bordetella		
DHPP		
Leptospirosis		
Flea Preventative		

By signing below, I certify that all information provided is accurate and complete.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_