

Welcome

Thank you for giving us the opportunity to care for your pet. We pride ourselves on our comprehensive quality care. To insure the best care possible, please take the time to fill in this form completely. Thank You!

REGISTRATION

Today's Date: _____

Owner's Name: _____

Co-Owner's Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____ @ _____

How did you hear about us? _____

PET HEALTH HISTORY

Pet's Name: _____ Dog Cat Other: _____

Breed: _____ Color: _____

Weight: _____ Birthdate/Approx. Age: _____

Male Neutered Female Spayed

Your Pet's Veterinary Hospital _____

Please check any that apply to your pet:

- Blind Deaf Epileptic Diabetic
 Separation Anxiety Aggressive toward people Aggressive toward other animals
 Escape Artist (*please specify*) _____
 Currently on medication (includes vitamins & supplements) Other

AUTHORIZATION

I hereby authorize Pocatello Pet Lodge, LLC to care for my pet. I assume responsibility for all charges incurred in the care of this animal. These charges may include (and are not limited to) standard services, veterinary care, transportation fees, expenses to obtain correct food, etc occurring while my pet is in Pet Lodge care. I also understand that these charges will be paid at the time of release. If the account falls into default, it will be turned over to collections for remittance. Further, I allow Pocatello Pet Lodge to obtain appropriate vaccination records pertaining to pets on my account.

Signature of Owner: _____ Date: _____