



# **Pampering”4”Paws**

## **New Client Information and Veterinary Release Form**

### **Client Information:**

**Name:**

**Address:**

**Home Phone:**

**Cell Phone:**

**Work Number:**

**Email Address:**

**Emergency Contact:**

**Name** \_\_\_\_\_

**Number** \_\_\_\_\_

**Will Pampering “4”Paws maintain a key to your residence? \_\_\_\_\_YES \_\_\_\_\_NO**

**If yes, date key is issued** \_\_\_\_\_

**Issued by:** \_\_\_\_\_ **received by:** \_\_\_\_\_

**Will Pampering “4”Paws be responsible for arming and disarming a security system? \_\_\_\_\_YES \_\_\_\_\_NO**

**If yes, please provide the following information:**

**Detailed instructions for arming and disarming your system.**





**Will you be creating an access code specifically for Pampering'4'Paws?**

**\_\_\_\_\_YES \_\_\_\_NO     If yes Pampering'4'Paws would request the access code be set as **1747** with a code word of Pet Pamperer, If no please provide the code to be used for arming and disarming as well the code word.**

**CODE: \_\_\_\_\_**

**CODE WORD : \_\_\_\_\_**





**1. Pet's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_

**Feeding Instructions:**

**Amount:** \_\_\_\_\_ **X's per day:** \_\_\_\_\_

**Food brand/type in case replenishment is needed** \_\_\_\_\_

**Other special instructions:**

**Medical conditions/medication:**

**Veterinary shot records available upon request?** \_\_Yes \_\_No

**Currently on Flea/ Tick preventative?** \_\_\_\_Yes \_\_\_\_No





**2. Pet's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_

**Feeding Instructions:**

**Amount:** \_\_\_\_\_ **X's per day:** \_\_\_\_\_

**Food brand/type in case replenishment is needed** \_\_\_\_\_

**Other special instructions:**

**Medical conditions/medication:**

**Veterinary shot records available upon request?** \_\_Yes \_\_No

**Currently on Flea/ Tick preventative?** \_\_\_\_Yes \_\_\_\_No





**3. Pet's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_

**Feeding Instructions:**

**Amount:** \_\_\_\_\_ **X's per day:** \_\_\_\_\_

**Food brand/type in case replenishment is needed** \_\_\_\_\_

**Other special instructions:**

**Medical conditions/medication:**

**Veterinary shot records available upon request?** \_\_\_Yes \_\_\_No

**Currently on Flea/ Tick preventative?** \_\_\_Yes \_\_\_No





If any of the pets named above becomes ill or is injured, I request that **Pampering'4' Paws** take the pets to:

**Veterinary Office Name:**

**Address:**

**Phone Number:**

I give permission to **Pampering "4" Paws** to approve treatment up to \$ \_\_\_\_\_.

*I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount. If the veterinary office named above is not available, I authorize **Pampering 4 Paws** to take my pet/s to another veterinary office for treatment. I understand that **Pampering 4 Paws** cannot be held responsible for the results of the veterinary treatment or the loss of my pet. This agreement is valid starting on the date below whenever **Pampering 4 Paws** cares for my pets:*

**Owner's Signature:** \_\_\_\_\_

**Owner's Name** (please print): \_\_\_\_\_

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

**How did you hear about Pampering4Paws?**

**Referred by:** \_\_\_\_\_

**Internet site:** \_\_\_\_\_

