



New Owner & Pet Intake Form

OWNER INFORMATION:

Full Name: _____ Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Co-Owner Name (If Applicable): _____

Number: _____

EMERGENCY CONTACT:

Full Name: _____ Number: _____

Relationship To Owner: _____

AUTHORIZED PICK-UP PEOPLE:
(Only Listed Individuals May Pick Up Your Pet)

1. Full Name: _____ Number: _____

2. Full Name: _____ Number: _____

3. Full Name: _____ Number: _____



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PET INFORMATION:

Pets Name: _____ Breed: _____ Age/DOB: _____ Y/O / /

Weight: _____ LBS Sex: Male Female Spay/Neutered: Yes No

VETERINARY INFORMATION:

Vet Name: _____ Clinic: _____ Number: _____

VACCINATIONS REQUIRED:

Rabies DHPP Bordetella

Expiration Dates- Rabies: ____ / ____ / ____ DHPP: ____ / ____ / ____ Bordetella: ____ / ____ / ____

FLEAS:

All pals are required to be UTD on their flea treatment. If we do find fleas we will bring it to your attention to be resolved, if it doesn't get resolved then we will treat your pet for fleas & the owner will be charged accordingly.

I AGREE TO TERMS: _____

MEDICAL:

Allergies: _____

Conditions: _____

Medications: _____

BEHAVIOR:

Friendly w/ Dogs Friendly w/ People Reactive High Energy
 Shy Nervous Anxious Bite History

NOTES: _____



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SERVICE SELECTION:

Grooming-
Special requests: _____

Daycare-
Frequency: _____

Boarding-
Check In: _____ / _____ / _____ Check Out: _____ / _____ / _____

THE LEGAL "PAW-RINT"

DAYCARE & BOARDING:

- I understand my dog(s) will be interacting in group settings & risks exist.
- I authorize staff to separate my dog(s) if needed for safety.
- I accept & agree that I'm responsible for any vet costs incurred.
- I agree to pick up my pet on time or pay applicable fees.

GROOMING CONSENT (IF APPLICABLE) :

- I authorize grooming services for my pet.
- I understand grooming may include shaving mats if necessary.
- I understand stress may occur during grooming.
- I agree grooming results may vary based on coat condition.

EMERGENCY VET AUTHORIZATION:

- I authorize this business to seek veterinary care for my pet if necessary. I understand I am responsible for all costs that incurred.

Preferred Vet (If available) : _____



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HEALTH POLICY:

I certify that my pet is in good health & has not been ill with any communicable diseases in the last 30 days & agree to provide proof of current vaccinations.

SAFETY & TEMPERAMENT:

Clean Paws & Pals reserves the right to refuse service to any pet that displays aggressive behavior. If a pet becomes aggressive during grooming or daycare the service will be stopped for the safety of the staff & other pets.

PHOTO RELEASE:

I grant permission for Clean Paws & Pals to use photos of my pet on social media for marketing purposes.

Do

Do not

PAYMENT:

Payment is due at the time of pick-up. Cancellations of boarding requires 48-hour notice to avoid a "No Show" fee.

Owner Signature: _____

Printed Name: _____

Date: ____ / ____ / ____