

Soothing Touch Pet Care

Data Sheet For Boarders

Pet Name: _____ Age: _____ Breed: _____ Gender: M MN F FS
Size: Tiny Small Medium Large Extra Large Color & Description _____

TEMPERAMENT AND PERSONALITY PROFILE Circle all that apply

Friendly Quiet Noisy Shy Fearful Outgoing Playful Fence climber Escapist Digger Chewer

TRAINING

Housebroken Walks well on leash Some obedience Basic obedience Advanced obedience Other

List Familiar Words (examples cookie, walk): _____

List Familiar Games (example fetch): _____

Aggressive tendencies: Food People Animals Explain _____

Has your pet ever bitten a person, pet or wild animal? Explain _____

Has your pet ever snapped at a person, pet or wild animal? Explain _____

MEDICAL

Veterinarian: _____ Address and Phone _____

Vaccinations or Date of Titer: _____

Flea control product used _____ Date and results of last Stool check _____

Heartworm prevention used _____ Date and results of last Heartworm test _____

Is your pet currently under veterinary care? Yes No If yes explain: _____

Describe any injuries, conditions, or surgeries: _____

List all current medications and dosing instructions: _____

List other special needs: _____

DIET

Type and brand of food: _____

Feeding schedule: _____

OWNER

Name: _____ Address: _____

List Home, Cell and Work Phones: _____

EMERGENCY CONTACT name and phone: _____

Local contact name and phone: _____

I certify that I am the owner of the pet listed above.

I hereby grant permission to Soothing Touch Pet Massage and Specialty Kennel, to act in my behalf, and in my pet's best interest, by obtaining veterinary care at my expense, if deemed necessary, for illness or injury.

I agree to pay for all veterinary and other necessary services incurred by and for my pet during its stay in this facility.

Soothing Touch Pet Massage and Specialty Kennel agrees to exercise all due and reasonable care to prevent injury or illness to my pet. However, in the event of illness or injury, the owners and employees of Soothing Touch Pet Massage and Specialty Kennel shall not be held personally liable for such injury or illness.

I hereby state that all conditions listed above have been diagnosed or consulted on by a veterinarian. By signing this release, I do hereby waive and release Soothing Touch Pet Massage and Specialty Kennel from all liability: past, present, and future.

I agree to pay all charges on the date of pick up or return of my pet.

SIGNATURE: _____ DATE: _____

Other notes: _____

Belongings left with/for pet: _____