

# NORTHERN PAWS NEW CLIENT REGISTRATION

Upon arrival all pets must be accompanied by proof of current vaccinations performed by a veterinarian before they are allowed to lodge with us. **NO EXCEPTIONS!** Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any question you may have regarding your pet's stay. To insure the best care possible, please take the time to fill out this form completely.

Date	
Owners Name	
Address	
City, State, Zip Code	
Home Phone	Cell Phone
<b>Email Address</b>	<b>How did you hear about our facility?</b>

## EMERGENCY CONTACT

<input type="checkbox"/> Call our veterinarian	<input type="checkbox"/> Call our cell phone	<input type="checkbox"/> Call contact listed below
Name		
Phone Number		
Relationship		
Veterinarian		
Veterinarians Phone #		

## PET INFORMATION

**Pet #1**

**Pet #2**

**Pet #3**

Pet's Name	Pet #1		Pet #2		Pet #3	
Type	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Altered	<input type="checkbox"/> Neutered	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered	<input type="checkbox"/> Spayed
Breed						
Color						
Birthdate						
Medical Problems						
On medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Housetrained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your pet like to be bathed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your pet becomes soiled, may we bath him/her?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special words, commands or gestures you'd like us to use?						
Does your pet bite or snap?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your pet ever BIT anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain bite:						

**PLEASE COMPLETE BOARDING CONTRACT ON BACK SIDE.**