



The furry tail

Pet Information Sheet

Pet Name:

Home Address:

Return Date/Time:

DOB: _____ Weight: _____

Age: _____ Breed: _____ Gender: F M

Microchip # _____ License # _____

Spayed/Neutered: Yes No

Shots: Bortadella Rabies DHLPP

Allergies:

Exercise Routine:

Contact Information

Mobile #: _____ Mobile #: _____

Destination Address: _____

Destination Phone #: _____

Best Form of Contact: _____

Dietary Preferences

Brand Location: _____

Morning Amount: _____

Afternoon Amount: _____

Evening Amount: _____

Treats: _____

Medications: _____

Veterinary Info

Regular Vet: _____

Phone #: _____

Address: _____

Local Emergency Contact: _____

Other Information

The Furry Tail will keep your pets safe and healthy while they are in our care. We promise to treat them like they are our own and give them the love and nurturing they need. In the event that we deem veterinary treatment is necessary, we will contact you. If owner cannot be reached, we will attempt to contact the designated Emergency Contact. If neither party cannot be reached, Owner authorizes The Furry Tail to seek treatment from the veterinarian provided on the Pet Information Form or the nearest Emergency Clinic if time is of the essence.

Signature

Date