



622 Camino Kansas
Rio Rico, AZ 85648
520-988-0994

www.paws-a-moment.com

Customer Information

Name _____ Home phone _____
Street address _____ Cell phone _____
City _____ State _____ Zip _____ Work phone _____
Email _____ Best contact # _____
Emergency contact _____ Emergency contact phone _____

Cat & Other Pet Information

| Type of Pet: | Type of Pet: |
|--|--|
| Name _____ Gender _____ | Name _____ Gender _____ |
| Breed _____ Fixed? _____ | Breed _____ Fixed? _____ |
| Birthdate _____ Microchip # _____ | Birthdate _____ Microchip # _____ |
| Weight _____ Color _____ | Weight _____ Color _____ |
| <u>Most recent vaccination dates (provide proof):</u> _____ | <u>Most recent vaccination dates (provide proof):</u> _____ |
| Vet clinic _____ Doctor _____ | Vet clinic _____ Doctor _____ |
| Vet city _____ State _____ | Vet city _____ State _____ |
| Vet phone _____ | Vet phone _____ |
| Medication, dosage _____ | Medication, dosage _____ |
| Medication, dosage _____ | Medication, dosage _____ |
| Known Allergies _____ | Known Allergies _____ |
| Surgeries _____ | Surgeries _____ |
| Chronic ailments _____ | Chronic ailments _____ |
| <u>Feeding directions</u> | <u>Feeding directions</u> |
| Note: Please provide enough food to cover your entire absence. | Note: Please provide enough food to cover your entire absence. |
| Food type _____ | Food type _____ |

| | |
|--|---|
| <p>Amount _____</p> <p>Feed directions _____</p> <p style="text-align: center;"><u>Walking /Play directions</u></p> <p><input type="checkbox"/> Special collar/leash If so, type _____</p> <p>Other (special toys, etc.) _____</p> <hr/> <p style="text-align: center;"><u>Personality quirks (check all that apply)</u></p> <p><input type="checkbox"/> Aggressive <input type="checkbox"/> Stool eater <input type="checkbox"/> Runs away</p> <p><input type="checkbox"/> People aggressive <input type="checkbox"/> Fence jumper <input type="checkbox"/> Shy</p> <p><input type="checkbox"/> Toy possessive <input type="checkbox"/> Sep. Anxiety <input type="checkbox"/> Barker</p> <p><input type="checkbox"/> Escape artist <input type="checkbox"/> Picky eater <input type="checkbox"/> Rowdy</p> <p><input type="checkbox"/> Jumps on people <input type="checkbox"/> Marker <input type="checkbox"/> Chews</p> <p style="text-align: center;"><u>History/lifestyle</u></p> <p>Where did you get this pet? _____</p> <p>When did you get this pet? _____</p> <p>Behavior quirks (plays, aloof, shy, etc?) _____</p> <hr/> <p>Has this pet ever bitten another pet or person? Please explain _____</p> <p style="text-align: center;"><u>House care instructions</u></p> <p>Turn on lights at night? _____</p> <p>Pick up mail? _____</p> <p>Plants to be watered? _____ when? _____</p> | <p>Amount _____</p> <p>Feed directions _____</p> <p style="text-align: center;"><u>Walking/Play directions</u></p> <p><input type="checkbox"/> Special collar/leash If so, type _____</p> <p>Other (special toys, etc.) _____</p> <hr/> <p style="text-align: center;"><u>Personality quirks (check all that apply)</u></p> <p><input type="checkbox"/> Aggressive <input type="checkbox"/> Stool eater <input type="checkbox"/> Runs away</p> <p><input type="checkbox"/> People aggressive <input type="checkbox"/> Fence jumper <input type="checkbox"/> Shy</p> <p><input type="checkbox"/> Toy possessive <input type="checkbox"/> Sep. Anxiety <input type="checkbox"/> Barker</p> <p><input type="checkbox"/> Escape artist <input type="checkbox"/> Picky eater <input type="checkbox"/> Rowdy</p> <p><input type="checkbox"/> Jumps on people <input type="checkbox"/> Marker <input type="checkbox"/> Chews</p> <p style="text-align: center;"><u>History/lifestyle</u></p> <p>Where did you get this pet? _____</p> <p>When did you get this pet? _____</p> <p>Behavior quirks (plays, aloof, shy, etc?) _____</p> <hr/> <p>Has this pet ever bitten another pet or person? Please explain _____</p> <p style="text-align: center;"><u>House care instructions</u></p> <p>Turn on lights at night? _____</p> <p>Pick up mail? _____</p> <p>Plants to be watered? _____ when? _____</p> |
|--|---|

If your pet becomes ill or injured, where do you want us to transport him/her, or whom do you want us to call? _____

I understand that Paws-A-Moment shall not be held liable for injury/illness to my pet or damage to personal property caused by my pet in my absence. (Please initial)_____.

I understand that if I do not return by scheduled time, my pet will continue to be cared for, up to three days beyond my scheduled return date. If I do not return or contact Paws-A-Moment regarding my delay, proper authorities will be contacted regarding pet abandonment. (Please initial)_____.