



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 _____

Dog Information

Dog #1	Dog #2
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>
Rabies _____ Bordatella _____	Rabies _____ Bordatella _____
DHPP (distemper/parvo) _____	DHPP (distemper/parvo) _____
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 _____

<p><u>Feeding directions while lodging with P.A.M.</u></p> <p>Note: As animals often react poorly to a change in diet, we highly recommend providing your pet's own food. If you prefer we provide food, we will provide Nutro Max products for an extra charge.</p> <p><input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner</p> <p>Amount _____</p> <p><input type="checkbox"/> Elevate <input type="checkbox"/> Soak</p> <p>Other feed directions _____</p> <p style="text-align: center;"><u>Walking directions</u></p> <p><input type="checkbox"/> Special collar/leash If so, type _____</p> <p><input type="checkbox"/> Off-leash dog park OK?</p> <p style="text-align: center;"><u>Personality quirks (check all that apply)</u></p> <p><input type="checkbox"/> Dog 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 dog? _____</p> <p>When did you get this dog? _____</p> <p>Training types/dates _____</p> <p>Commands mastered _____</p> <p>Where does this dog sleep? _____</p> <p>Behavior with other dogs (plays, aloof, shy, etc?) _____</p> <p>_____</p> <p>Has this dog ever bitten another dog or person? Please explain _____</p>	<p><u>Feeding directions while lodging with P.A.M</u></p> <p>Note: As animals often react poorly to a change in diet, we highly recommend providing your pet's own food. If you prefer we provide food, we will provide Nutro Max products for an extra charge</p> <p><input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner</p> <p>Amount _____</p> <p><input type="checkbox"/> Elevate <input type="checkbox"/> Soak</p> <p>Other feed directions _____</p> <p style="text-align: center;"><u>Walking directions</u></p> <p><input type="checkbox"/> Special collar/leash If so, type _____</p> <p><input type="checkbox"/> Off-leash dog park OK?</p> <p style="text-align: center;"><u>Personality quirks (check all that apply)</u></p> <p><input type="checkbox"/> Dog 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 dog? _____</p> <p>When did you get this dog? _____</p> <p>Training types/dates _____</p> <p>Commands mastered _____</p> <p>Where does this dog sleep? _____</p> <p>Behavior with other dogs (plays, aloof, shy, etc?) _____</p> <p>_____</p> <p>Has this dog ever bitten another dog or person? Please explain _____</p>
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If your dog becomes ill or injured, where do you want us to transport him/her, or whom do you want us to call? _____

I understand that I am financially responsible for any damage to Paws-A-Moment facilities and equipment caused by my dog (please initial) _____.

For daycare services: I understand that if I do not pick up my dog by scheduled time, he/she will be fed dinner and provided overnight accommodations, and appropriate boarding charges will apply. Daycare hours are 5:30 – 5:30pm Monday-Friday. Dogs not picked up after three days shall be considered abandoned and turned over to a local shelter or rescue society. (Please initial)_____.

For overnight boarders: I understand that if I do not pick up my dog by scheduled date and time, he/she will be provided additional overnight accommodations for up to three days beyond scheduled pick-up date, and appropriate boarding charges, plus extended-stay fees will apply. If I do not contact Paws-A-Moment regarding schedule changes or delayed pick-up dates, Paws-A-Moment will consider my pet abandoned after three days beyond scheduled pick-up date, and my pet will be turned over to a local shelter or rescue society. (Please initial)_____.

For in-home pet-sitting services: I understand that if I do not return by scheduled time, my dog(s) 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)_____.

For post-surgical or special needs care: I understand that Paws-A-Moment staff are not trained veterinary technicians, but will follow veterinary instructions in working with my pet. Paws-A-Moment will not be held liable for injury to pet or damage to personal property caused by my pet. (Please initial)_____.