

Paws-A-Moment Cats & Other Pets Profile

Services for People's Pals
 24018 Meridian Ave. S.
 Bothell, WA 98021
 Voice: 425-239-7797
 Fax: 425-486-4869
www.paws-a-moment.com

Staff Notes

Customer Information

Name _____ Home phone _____

Street address _____ Cell phone _____

City _____ State _____ Zip _____ Work phone _____

Email _____ Best contact # _____

Emergency contact _____ Emergency contact phone _____

Pet Information

Pet #1	Pet #2
Type of Pet _____	Type of Pet _____
Name _____ Gender _____	Name _____ Gender _____
Breed _____ Fixed? _____	Breed _____ Fixed? _____
Birth date _____ Microchip # _____	Birth date _____ Microchip # _____
Weight _____ Color _____	Weight _____ Color _____
Vet & Medical Information	Vet & Medical Information
Most recent vaccination dates _____ _____ (provide proof)	Most recent vaccination dates _____ _____ (provide proof)
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 _____

Feeding Instructions

Please provide enough food to cover your entire absence.

Breakfast Lunch Dinner

Amount _____

Other feed directions _____

Walking/Play Directions

Special collar/leash If so, type _____

Other (special toys, etc) _____

Personality quirks (check all that apply)

Dog aggressive Stool eater Runs away
 People aggressive Fence jumper Shy
 Toy possessive Sep. Anxiety Barker
 Escape artist Picky eater Rowdy
 Jumps on people Marker Chews

History/Lifestyle

Where did you get this pet? _____

When did you get this pet? _____

Behavior with other dogs (plays, aloof, shy, etc)

Has this pet ever bitten another pet or person?
 Please explain _____

House Care Instructions

Turn on lights at night? _____

Pick up mail? _____

Plants to be watered? _____ When? _____

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Medical Care

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

Agreement

I understand that I am financially responsible for any damage to Paws-A-Moment facilities and equipment caused by my pet.

Initials _____

I understand that if I do not return by scheduled time, my pet(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.

Initials _____

Signature: _____

Today's date: _____