

NEW CUSTOMER APPLICATION

CLIENT INFORMATION

It is important that you provide all information below so that we have the correct contact information on file. If any of the information below changes, please contact us to update your file.

PRIMARY OWNER

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Secondary Phone _____

Email _____ Secondary Email _____

EMERGENCY CONTACT (preferably someone who lives local and will not travel with you)

First Name _____ Last Name _____

Home Phone _____ Secondary Phone _____

HOW DID YOU HEAR ABOUT US?

VET INFORMATION

Name of Vet / Clinic _____ Phone _____

Address _____ City _____ State _____ Zip _____

VETERINARY RELEASE FORM

I understand that in the event of an emergency, South Paw Massage and Wellness will make every attempt to contact me and my emergency contact. In the event of an emergency, I authorize the following:

In the event of illness or Injury, I authorize South Paw Massage and Wellness to seek appropriate medical treatment for my pet(s). I understand that every effort will be made to take my pet to the clinic specified on this form. If the situation permits however, South Paw Massage and Wellness has permission to seek treatment at any veterinary clinic. As the pet owner, I am responsible for all vet fees.

This is to inform the Veterinary Clinic that I have contracted the services of South Paw Massage and Wellness to provide pet-care services while I am away. Should my pet(s) require medical attention while under the care of my pet-care provider, I authorize you to extend treatment. I will be responsible for the payment of your veterinary services within 14-days of treatment.

This release does not expire and will remain valid for the entire pet(s) life.

Client Signature _____ Date _____

Printed Name _____

We require all animal visitors to be up-to-date on vaccines, fecal testing and on a monthly parasite/flea/tick preventative. Titer tests for vaccines will be accepted.

FIRST PET INFORMATION *please complete this form for each pet*

Name _____ Breed/Color _____ Date of Birth _____

MALE / FEMALE / SPAY / NEUTER Age Spayed/Neutered _____ Age Acquired _____

Where Obtained _____

Is your pet allowed to have treats? YES / NO / ONLY TREATS PROVIDED BY OWNER

Runs free in home? SUPERVISED / UNSUPERVISED

Fenced in Yard at home? YES / NO Runs free in yard? SUPERVISED UNSUPERVISED

Prefers to play with MALE FEMALE LARGE DOGS SMALL DOGS PREFERS TO BE ALONE ALL DOGS

Crate Experience: _____

Do you prefer your pet be crated at bedtime/naptime? YES / NO (If your pet is crated at home, we recommend crating here, they will be more comfortable)

List Current Medications and Supplements: _____

Brand of food: _____

ALLERGIES: _____

Please list any issues/concerns: Physical, Hip issues Prior Injuries and Surgeries, Diagnosis?

List any other information that we should know about this pet:

PLEASE TAKE A MOMENT TO REVIEW OUR FOLDER THAT INCLUDES OUR FAQ'S, VACCINATION REQUIREMENTS, POLICIES, AND INFORMATION ABOUT THE OTHER GREAT THINGS WE DO HERE!

WELCOME TO OUR FUR-FAMILY!

We require all animal visitors to be up-to-date on vaccines, fecal testing and on a monthly parasite/flea/tick preventative. Titer tests for vaccines will be accepted.

2ND PET INFORMATION

***please complete this form for each pet ***

Name _____ Breed/Color _____ Date of Birth _____

MALE / FEMALE / SPAY / NEUTER Age Spayed/Neutered _____ Age Acquired _____

Where Obtained _____

Is your pet allowed to have treats? YES / NO / ONLY TREATS PROVIDED BY OWNER

Runs free in home? SUPERVISED / UNSUPERVISED

Fenced in Yard at home? YES / NO Runs free in yard? SUPERVISED UNSUPERVISED

Prefers to play with MALE FEMALE LARGE DOGS SMALL DOGS PREFERS TO BE ALONE ALL DOGS

Crate Experience: _____

Do you prefer your pet be crated at bedtime/naptime? YES / NO (If your pet is crated at home, we recommend crating here, they will be more comfortable)

List Current Medications and Supplements: _____

Brand of food: _____

ALLERGIES: _____

Please list any issues/concerns: Physical, Hip issues Prior Injuries and Surgeries, Diagnosis?

List any other information that we should know about this pet:

PLEASE TAKE A MOMENT TO REVIEW OUR FOLDER THAT INCLUDES OUR FAQ'S, VACCINATION REQUIREMENTS, POLICIES, AND INFORMATION ABOUT THE OTHER GREAT THINGS WE DO HERE!

WELCOME TO OUR FUR-FAMILY!

We require all animal visitors to be up-to-date on vaccines, fecal testing and on a monthly parasite/flea/tick preventative. Titer tests for vaccines will be accepted.

3RD PET INFORMATION

***please complete this form for each pet ***

Name _____ Breed/Color _____ Date of Birth _____

MALE / FEMALE / SPAY / NEUTER Age Spayed/Neutered _____ Age Acquired _____

Where Obtained _____

Is your pet allowed to have treats? YES / NO / ONLY TREATS PROVIDED BY OWNER

Runs free in home? SUPERVISED / UNSUPERVISED

Fenced in Yard at home? YES / NO Runs free in yard? SUPERVISED UNSUPERVISED

Prefers to play with MALE FEMALE LARGE DOGS SMALL DOGS PREFERS TO BE ALONE ALL DOGS

Crate Experience: _____

Do you prefer your pet be crated at bedtime/naptime? YES / NO (If your pet is crated at home, we recommend crating here, they will be more comfortable)

List Current Medications and Supplements: _____

Brand of food: _____

ALLERGIES: _____

Please list any issues/concerns: Physical, Hip issues Prior Injuries and Surgeries, Diagnosis?

List any other information that we should know about this pet:

PLEASE TAKE A MOMENT TO REVIEW OUR FOLDER THAT INCLUDES OUR FAQ'S, VACCINATION REQUIREMENTS, POLICIES, AND INFORMATION ABOUT THE OTHER GREAT THINGS WE DO HERE!

WELCOME TO OUR FUR-FAMILY!