

Member Application Form

Pet's Name:	Pet's Breed:
--------------------	---------------------

Owner(s) Information
 Credit card is required to be kept on file.

Owner #1 - First Name:	Last Name:
-------------------------------	------------

Address:	Apt:
----------	------

City:	State:	Zip code:
-------	--------	-----------

Email:

Cell Number:	Work Number:	Home Number:
--------------	--------------	--------------

Owner #2 - First Name:	Last Name:
-------------------------------	------------

Cell Number:	Work Number:	Home Number:
--------------	--------------	--------------

Veterinarian Information

Clinic name:	Vet Number:
--------------	-------------

***IT IS REQUIRED THAT YOUR DOG HAS CURRENT VACCINATIONS OF RABIES, DHPP (DISTEMPER/PARVO) AND BORDATELLA
 *IT IS REQUIRED THAT YOUR CAT HAS CURRENT VACCINATIONS OF RABIES AND FVRCP (FELINE DISTEMPER)
 *ALL VACCINATIONS MUST BE PROVIDED IN PHYSICAL FORM OR EMAILED TO THIS LOCATION. ***

Pet Information

Date of Birth:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Is your pet spayed or neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	------	---	---------------------------------	--

Does your pet enjoy a certain activity?	
---	--

Where does your pet like to be pet or scratched?	
--	--

Does your pet have any preexisting medical conditions?	
--	--

What flea/tick prevention is your pet currently on?	
---	--

What brand of food does your pet eat?	
---------------------------------------	--

Is your pet allowed treats?	
-----------------------------	--

Is your pet currently on any medication?	
--	--

Does your pet have any allergies?	
-----------------------------------	--

Is there anything that makes your pet nervous or scared?	
--	--

Does your dog "slip the collar" or escape from their harness?	
---	--

Has your pet ever bitten anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your pet ever bitten another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Please list any additional notes/requests you would like our staff to know about your pet:

IN CASE OF EMERGENCY
 THIS PERSON WILL BE AUTHORIZED BY YOU TO MAKE IMPORTANT DECISIONS REGARDING YOUR PET.

Name of friend/ relative:	Relationship:	Work Number:	Cell Number:
---------------------------	---------------	--------------	--------------

Staff member obtained all current vaccinations.

Pooch Purrfect Staff Signature:	Date:
---------------------------------	-------

How did you hear about Pooch Purrfect? <input type="checkbox"/> Family/Friend <input type="checkbox"/> Flyer <input type="checkbox"/> Search Engine <input type="checkbox"/> Website <input type="checkbox"/> Other:
--