

## Member Application Form

### PET INFORMATION

<b>Pet's Name:</b>		<b>Pet's Breed:</b>	
Date of Birth:	Age:	Is your pet spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Weight:	Color:	<input type="checkbox"/> Male <input type="checkbox"/> Female	

### Owner(s) Information

Credit card is required to be kept on file.

<b>Owner #1</b> - First Name:		Last Name:	
Address:		Apt:	
City:	State:	Zip code:	
Email:			
Cell Number:	Work Number:	Home Number:	
<b>Owner #2</b> - First Name:		Last Name:	
Email:		Cell Number:	

### Veterinarian Information

Clinic name:	Vet Number:
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**\*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 Behavior Information

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 TO MAKE DECISIONS REGARDING YOUR PET IF WE CANNOT REACH YOU.

Name:	Relationship:	Cell Number:
Pooch Purrfect Staff Signature:		
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:		