

A Pawsitive Experience Pet Services, LLC
Registration

Owner Name: _____ Phone # (_____) _____

Second Owner: _____ Phone # (_____) _____

Address: _____

E-mail: _____

Emergency contact: _____ Phone# _____

Emergency contact: _____ Phone# _____

E-mail: _____

Veterinary Hospital: _____

Preferred Veterinarian: _____ Phone# _____

Address: _____

How did you hear about us? _____

Pet Name: _____ Breed: _____ Age: _____

Male Female Neutered/Spayed: yes no Color(s): _____

Food Brand: _____ How much/often: _____

Medications: _____ How often: _____

Pet Name: _____ Breed: _____ Age: _____

Male Female Neutered/Spayed: yes no Color(s): _____

Food Brand: _____ How much/often: _____

Medications: _____ How often: _____

Pet Name: _____ Breed: _____ Age: _____

Male Female Neutered/Spayed: yes no Color(s): _____

Food Brand: _____ How much/often: _____

Medications: _____ How often: _____

Any pets have Behavior /Medical condition(s)/Observations (High energy, Barks, Shy, fearful of new people or hooded strangers etc):

Ever bitten a person or dog? If yes please explain:

Any formal training?

Known cues/signals:

Favorite games/toys:

Neither your sitter, trainer, handler nor this company will be liable for injury, disappearance, death or fines of pets with access to the outdoors.

Please provide payment on your departure or by end of session, for the sitter or handler to collect.

Pets must be up to date on appropriate vaccinations and records provided upon services.