



Pet Enrollment and Application Form

MOM AND DAD INFO:

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Home phone: _____ Cell phone: _____

Work phone: _____

E-mail: _____

EMERGENCY CONTACT INFORMATION (FAMILY OR FRIEND)

Name: _____

Home phone: _____ Cell phone: _____

Relationship: _____

PET INFO:

Type of Pet: Dog Cat Other: _____

Name: _____

Breed: _____

Weight: _____ Color: _____ Age: _____ Birthday: _____

Sex: _____ Neutered/Spayed: _____

Microchip/Tattoo #: _____ Tag #: _____

Any behavior or problem to be aware of? _____

Any allergies? _____

Shots up to date? Yes No

Is your pet aggressive toward animals? Yes No

Is your pet aggressive toward people? Yes No

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EMERGENCY VET INFORMATION

Veterinarian's Name: _____

Phone: _____

Address: _____

City/State/Zip: _____

FEEDING INSTRUCTIONS:

We ask that owners provide their own pet's food. Please make sure it is properly labeled.

Type of food: _____

Location of food: _____

Location of treats: _____

Amount fed per meal AM: _____ PM: _____

Portion size: _____

Any other notes? _____

PLEASE NOTE: The utmost care will be given in watching your pet(s) and home while you are away. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any accidents of any unusual or extraordinary nature. (i.e., biting, damage to furniture, accidental death, etc.) or any complications when administering medications to the pets(s). Nor can we be liable for injury, disappearance, death, or fines of pet(s) who have access to the outdoors.

By signing below, I agree that the information on this form and attached form(s) is true and accurate to the best of my knowledge.

Customer Name

2 Poops & a Scoop, Inc. Name

Customer Signature

2 Poops & a Scoop, Inc. Signature

Customer Date

2 Poops & a Scoop, Inc. Date