



Pawsome Suites, Inc.

Pet Chart/Agreement

Owner's Name: _____

Mailing Address: _____

E- Mail Address: _____

City: _____ State _____ Zip: _____

Primary Phone: _____ (circle one) Home Mobile Work

Alternate Phone : _____ (circle one) Home Mobile Work

Alternate Phone : _____ (circle one) Home Mobile Work

Emergency Contact: _____

Emergency Contact Phone: _____ Home Mobile Work

Emergency Contact Alternate Phone: _____ Home Mobile Work

Dog's Name: _____ Breed: _____

Weight: _____ Color _____ Birth Date: _____

Neutered Male

Spayed Female

Pawsome Suites, Inc., Mathews, LA. 70375

Phone (985) 532-DOGG

Please answer the following:

Method of flea control (required of all dogs) oral topical date given:_____

Dogs with fleas will be treated with Capstar and owners will be charged \$10.00/pill.

I.D. Tags are required ; no tags are to be placed on choke collars

Is your dog chipped? yes no Chip # _____ Is your chip info. Current? _____

Is your dog house broken? yes no outside paper trained both

What word/s does your dog use for this? _____

Does your dog make any strange noises during certain activities? _____

Does your dog have skin allergies? yes no Food Allergies? yes no

Has your dog ever been boarded or attended doggie daycare? yes no

Has your dog ever bitten someone or been aggressive in any situation? yes no

If yes, please explain: _____

Any re-occurring issues ? yes no If yes how often? _____

Has your dog ever been bitten or attacked by another dog , or been abused? yes no

If yes, please explain _____

Where did you obtain your dog from? _____

Is your dog a jumper, climber, escape artist? yes no

If yes, please explain _____

Any other habits? Barking, digging, eating foreign objects or feces? _____

How does your dog react to strangers ? bark or growl meets and greets doesn't care shy

How did you hear about Pawsome Suites, Inc.? (vet, friend, web search, other) _____

If friend or local business please specify so we can thank them! _____

Medical Emergency Information:

Veterinary Clinic: _____

Preferred Vet's Name: _____ Phone: _____

Vaccinations: (required)

Rabies (date given) _____

DHLPPv (date given) _____

Bordetella (date given) _____

Note: We require a hard copy of these vaccinations emailed or brought in with your dogs first visit. They must be vet administered. (No home vaccines accepted).

Please describe any medical, physical, or special problems (seizures, separation anxiety, weather fears, etc.) _____

Please describe any special likes your dog has (belly rub, massage, grooming, etc. etc.) _____

Please describe any medications or supplements that should be given: _____

Pet Medical Care

If the pet becomes ill or if the state of the pet's health otherwise requires professional attention, Pawsome Suites, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other required attention to the pet, and you agree to be solely responsible for the payment of all medical bills for your dog and you release Pawsome Suites Inc., its owners, officers, directors, agents, and employees of and from any and all responsibility for, or claims, damages, or debts arising out of or related to such medical care including but not limited to, transportation to/from the veterinarian clinic and choice of veterinarian or animal hospital.

____ Initial

Pet Safety

Pawsome Suites, Inc. is committed to provide quality pet care in a safe, friendly environment. As the pet owner, you fully understand that Pawsome Suites, Inc. cannot be held liable for disasters or acts of God beyond the facilities control. The owner also understands that sometimes during "dog play" a dog may obtain a minor cut or scratch.

____ Initial

Authorized Pick-Up

__By checking here, you agree that you verbally (by telephone) or in writing (by facsimile or otherwise) request that Pawsome Suites, Inc. release your dog to someone other than the person(s) listed above, and you release Pawsome Suites, Inc. of and from any and all responsibility for releasing your dog to any person Pawsome suites, Inc. believes to be authorized by you.

Pawsome Suites, Inc. will release your dog to the following persons with proper ID:

Please provide additional contact info. As needed.

Pet Contract Binder

This Contract contains the entire agreement between both parties. All terms and conditions of this Contract shall be binding on the heirs, administrators, personal representatives and assigns of Owner/ and Pawsome Suites.

Pawsome Manager _____

Pet Owner(s) Print Name: _____

Pet Owner(s) Signature: _____

Date: _____

Pawsome Suites, Inc. 4919 Hwy. 308 Mathews, LA.70375

(985)-532-3644 pawsomesuites.com