

**ANIMAL HOUSE**  
DOGGIE BED & BREAKFAST

**PET & CUSTOMER INFORMATION**

42 VIC EDWARDS ROAD, SARASOTA, FL 34240 (941) 378-3393

<u>PET(S) NAME</u>	<u>BREED</u>	<u>COLOR</u>	<u>AGE</u>	<u>SEX</u> <u>(M/F)</u>	<u>NEUTERED/</u> <u>SPAYED? (Y/N)</u>
1. _____					
2. _____					
3. _____					

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE/ZIP

PHONE \_\_\_\_\_  
BEST NUMBER TO REACH YOU ALTERNATE NUMBER

EMAIL \_\_\_\_\_

VET'S NAME & PHONE \_\_\_\_\_

***YOUR PET(S) MUST BE UP TO DATE ON ALL VACCINATIONS INCLUDING RABIES & BORDETELLA. PLEASE ATTACH A CURRENT COPY OF YOUR PET'S SHOT RECORDS TO THIS FORM.***

***YOUR PET MUST ALSO BE ON SOME TYPE OF FLEA PREVENTION. PLEASE ENSURE THAT YOUR PET IS ON FLEA MEDICATION BEFORE VISITING ANIMAL HOUSE.***

DESCRIBE YOUR PET'S PERSONALITY, SPECIAL NEEDS, AND ALLERGIES IF ANY \_\_\_\_\_

EXPLAIN IF YOUR PET HAS DISPLAYED ANY AGGRESSION TOWARD PEOPLE OR OTHER ANIMALS:

IS YOUR PET AFRAID OF THUNDER/FIREWORKS? YES  NO

IS YOUR PET COMFORTABLE IN A CRATE AT NIGHT? YES  NO  DON'T KNOW

HOW DID YOU HEAR OF US? \_\_\_\_\_

ANTICIPATED DATES OF PET'S FIRST VISIT? \_\_\_\_\_ OVERNIGHT  DAYCARE

I UNDERSTAND THAT MY DOG'S STAY AT ANIMAL HOUSE IS NOT WITHOUT RISK OF ILLNESS OR INJURY, EVEN WHEN THE UTMOST CARE IS TAKEN. I AGREE NOT TO HOLD THE OWNERS AND STAFF OF ANIMAL HOUSE LIABLE FOR ILLNESS OR ACCIDENTAL INJURY DURING MY PET(S)' STAY HERE. I GIVE THE ATTENDING VET, PERMISSION TO ADMINISTER MEDICAL TREATMENT IF NECESSARY.

\_\_\_\_\_  
SIGNATURE OF OWNER (OR RESPONSIBLE PARTY)

\_\_\_\_\_  
DATE