

Bill's Mutt House

OWNER'S INFORMATION:

Name: _____

Cell Phone: _____

Address: _____

City: _____

Zip: _____

Email:

2nd Contact Name: _____

Phone: _____

Referred By: _____

Phone: _____

PET INFORMATION:

<u>Pet #1:</u>	<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Breed</u>	<u>Color</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Biting Situations? Yes No) Explain the situation:

Medications:

<u>Pet #2:</u>	<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Breed</u>	<u>Color</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Biting Situations? Yes No)) Explain the situation:

Medications:

Pet #3: Name Age Gender Breed Color

(Biting Situations? Yes No)) Explain the situation:

Medications:

_____ I agree Bill's Mutt House accepts Cash, Check, or Zelle payments at the time of drop off. If there is a discrepancy the amount owed will be adjusted at pickup.

Pet #4: Name Age Gender Breed Color

(Biting Situations? Yes No)) Explain the situation:

Medications:

Veterinarian Hospital: _____

Address:

City: _____

Veterinarian: _____

Phone: _____

Will your pet be picked up by anyone other than you? Yes No

If yes, give details of arrangement:

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I authorize Bill Moore and all of his helpers to act as my agent in the event of my pet needing medical attention for any and all reasons. I acknowledge that dogs play with their teeth and bites happen, which can't always be avoided. I further agree that I will be solely responsible for any and all cost of any veterinary care deemed necessary by the licensed veterinarian.

If my dog is still sexually active I cannot hold Bill's Mutt House responsible for any pregnancy. I also authorize the use of water spray bottles, beeping/vibrating collars or other means of discipline if necessary.

Signature _____

Date _____

Other Instructions: _____
