



www.PawPawsDogHouse.com

817-548-8485

K-9 Care Facility!

Client Information

Date _____

Pet Information

Name: _____

Name: _____

Birthday: _____

Birthday: _____

Breed: _____

Breed: _____

Male Female Spay Neuter

Male Female Spay Neuter

Special Needs/ Allergies:

Owner Information

Name: _____

Home Number: _____

Address: _____

Work Number: _____

Cell Number: _____

Email: _____

How Did You Hear About Us? _____

Vet Information

Clinic _____

Phone Number: _____

Veterinarian: _____

Is your dog on regular flea prevention? Yes / No

If so, what kind?

I, _____ hereby certify that my dog(s) _____

_____ are in good health and have not been ill with any communicable diseases in the

last 30 days. I further certify that my dogs have not harmed or shown aggressive behavior

toward any person or other dogs.

Owner Signature: _____ Date: _____