



Paw Print Pet Resort

Contact: Carol Ann Morris
Office: 931-362-4237
Fax: 931-362-2812
Email: cmorris4@bellsouth.net
Web: www.pawprintpetresort.com

Admittance Log

Date:	File Number:
Phone Number:	Pet Names:

Dates of Service: From: _____ To: _____
Business Hours: 7am-12 (Noon) and 4-6pm Closed between 12-4pm everyday
Time of Drop Off: _____ Time of Pickup: _____

Owner Information

Owner's Name _____
Address _____
Email Address _____
Home Phone# _____ Cell# _____
Cell Phone# _____ May we text you? _____

Pet Information

Pet's Name _____
Breed _____ Color _____
Age _____ Male/Female(circle one)
Spayed/Neutered? (circle one) Yes No Allergies? _____
Microchipped (circle one)? Yes No
Has your dog been ill in the past month (circle one)? Yes No
Current on Flea/Tick preventative last date given _____
Current on Heartworm Prevention?(circle one) Yes No
Has your dog every attended a boarding facility? (circle one) Yes No
If yes, where? _____

Emergency Contact

Who can pick up your pet if necessary, or act on your behalf if we can't reach you?

1. Name _____
Phone# _____ Cell# _____
2. Name _____
Phone# _____ Cell# _____

Medical Information

Veterinary Clinic _____
Address _____
Phone# _____

Please tell us how you heard of us-If it was a person PLEASE list their name so that we may thank them

Client Signature

Date

*