

The Dog House Westchester

General Information & Liability Agreement

GENERAL INFORMATION

First Name_____

Pet's Name_____

Last Name_____

Breed_____

Phone Numbers_____

Age_____

Sex_____

Neutered_____

Address_____

PET CARE INSTRUCTIONS

Walk Schedule_____

Feeding Instructions_____

Medications_____

Favorite Toy/Treat_____

MEDICAL INFORMATION

Veterinary Hospital & Phone Number_____

Doctor's Name_____

Anything else you would like us to know about your pet ?

We give you permission to authorize any emergency medical care for our pet(s) as deemed necessary by a veterinarian. We will be responsible for full payment of such care. Please circle one: YES NO CALL US FIRST

Pet Owner's Signature:_____ Date:_____