



# PAWS WRIGHT INN

A POSITIVE EXPERIENCE

Owner's Name:		
Address:		
Phone Numbers - Home:	Work:	Cell:

Emergency Contact Person:		
Emergency Phone numbers - Home:	Work:	Cell:

Name of Pet:
Breed:
Age/Date of birth:
Male Neutered? Yes or No    Female Spayed? Yes or No
Colour/Markings:
Veterinarian:

Does your dog jump, climb or dig?
Does your dog show any aggression towards male or females?
How well does your dog do with children?
Do you authorize Paws Wright Inn to bath your dog?
Has your dog been socialized with other dogs?
Do you authorize Paws Wright Inn to socialize your dog?
Do you authorize Paws Wright Inn to give your dog blankets, toys and treats?

Health Problems:
Allergies:
Medication:
What do you feed your dog and how much?
Is there anything else we should know about your dog?

I certify that I am the pet owner, and/or that I am authorized to board the pet and sign this form and that the above information is true.

_____	_____
Signature	Date