

PATTERING PAWS, LLC

PPLLC: I.D. Number _____

(314) 991 - 5322 Fax: (314) 991 - 5322

www.PatteringPawsLLC.com

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INFORMATION AND RELEASE FORM:

Name: _____

Address: _____ Zip: _____

Phone: _____ Cell: _____ Other: _____

Email: _____ Emergency Number: _____

Text Message: Yes _____ No _____ Other: _____

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ANIMAL(S): How Many Total (Dog(s): _____ Cat(s): _____ Other: _____

Circle correct answer. Use one form for each animal. You do not need to repeat contact info.

Name: (Dog / Cat) _____ Breed: _____

Male / Female | Neutered / Spayed | Age: _____

Feeding: Time(s): _____ am _____ pm Amount: _____ Type of Food: _____

Special Feeding Needs: _____

Snacks: _____ Type: _____ Frequency: _____

MEDICATION:

Pills: Frequency _____ Time: _____ Amount: _____

Shots: Frequency _____ Time: _____ Amount: _____

Salve: Frequency _____ Time: _____ Amount: _____

Ear / Eyewash: Frequency _____ Time: _____ Amount: _____

Vitamins: Frequency _____ Time: _____ Amount: _____

OTHER TREATMENTS:

Special Needs (please describe)

Medical: _____ Toys: _____ Biting Issues: _____

Problems With: (please circle) Men Women Children Other Animals

Please Describe: _____

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Pg. 2

CONTINUED: PPLLC I.D. Number _____

Walk(s): Frequency _____ Time: _____

Collar Type: (circle one) Pinch Choke Other _____

Litter Box Emptied: Daily _____ Other: _____

FENCE:

Electric Fence: (circle one) Yes No Fenced Yard: (circle one) Yes No

VETERINARIAN:

Name: _____

Address: _____ Zip: _____

Phone Number(s): _____

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DESTINATION(S): (please fill in and attach itinerary)

Flying To: _____

Driving To: _____

Name: _____ Address: _____ Zip: _____

Phone: _____ Fax: _____ Other: _____

DATES:

Departure: (Day) _____ Date: _____ Time: _____

Arrive Back: (Day: _____ Date: _____ Time: _____

CLOSE RELATIVE (or) FRIEND IN ST. LOUIS: (circle one) Relative Friend

Name: _____ Address: _____ Zip: _____

Phone: _____ Cell: _____ Other: _____

OTHER SERVICES REQUESTED: (circle and provide details)

Mail, plants, indoor, outdoor, papers, lights, other _____

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CONTINUED: PPLLC I.D. Number _____

PATTERING PAWS LLC

I allow Pattering Paws to contact my veterinarian or the 24 hour animal clinic in case of emergency. Pattering Paws will not be liable for any charges incurred while the animal(s) are being treated. In case of emergency or scheduling changes, pet care specialist may be substituted with another bonded and insured Pattering Paws employee. This is done at the discretion of management. Pattering Paws will follow owners instructions and are not liable for illness or death of pet(s). Owner is responsible to update Pattering Paws of ANY changes (extensions, cancellations, medical, etc.) in itinerary. There will be a 50% daily charge added to bill if Pattering Paws is not notified of extensions or shortened trip. Pattering Paws must be notified 5 days in advance of cancellation of pet care. FULL day billing only.

Please attach an itinerary with emergency cell phone numbers, destinations, etc...

Owners Signature: _____

Pattering Paws LLC Rep: _____

Lynne Parriott: _____

Date: _____

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Please provide a current photo print of your pets or email a JPG of them to our email address.