

PETS & PAWS-
ANIMAL SERVICES
LTD.

Client/Animal Intake Form



Client Information

Print Name: _____

Address: _____

Phone number: _____

Animal Information (check yes or no)

Name, Sex, & Age of your pet? _____

Is your pet aggressive towards animals, adults, or children? Yes No List: _____

Any physical or medical issues? Yes No If yes, please list: _____

Any allergies or food restrictions? Yes No If yes, please list: _____

Is your pet on any medications? Yes No If yes, please list: _____

(Applicable if using medication service)

**Please answer Y/N (Yes or No) for the below.

- | | | |
|--|--|---|
| <input type="checkbox"/> Good with Cats? | <input type="checkbox"/> Spayed/Neutered? | <input type="checkbox"/> Other information? |
| <input type="checkbox"/> Good with Dogs? | <input type="checkbox"/> Good at Dog parks? | _____ |
| <input type="checkbox"/> Good with People/Kids? | <input type="checkbox"/> Vaccines up to date? | _____ |
| <input type="checkbox"/> Good on leash? | <input type="checkbox"/> Pictures of your pet allowed? | _____ |
| <input type="checkbox"/> Responds to Name/Re-call? | <input type="checkbox"/> Identity Chip or tattoo? | _____ |

Service Agreement

By signing the below, I (the client/pet owner) certify and acknowledge that the information I provided is truthful and accurate. I (Client/Pet owner) provided this information to Pets & Paws - Animal Services, during clear state of mind. I agree to the Terms and Conditions stated and provided on petsandpaws.ca. A physical copy of the Terms and Conditions can be provided on request.

Signature of Client/Pet owner: _____ Date: _____