

Parkers Paws LLC

5514 Pinson Road
Springfield, TN 37172
615-654-3647

Date: _____

Owner Information

Pet Information

Name: _____ Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Breed: _____ Age: _____

Phone: _____ Male / Female (circle one) Neutered / Spayed (circle one)

Emergency Contact Information: _____

Arrival Date: _____ Departure Date: _____

Boarding Information

How often should your pet be fed? _____ How much food per feeding? _____

Do you want your pet bathed before pick up? (A bath while boarding is an additional \$35 per pet.) Yes ___ No ___

Do you have any special instructions for your pet? I.e., Medications, medical conditions, allowed bedding, toys, walking instructions, aggression towards other animals.

Please list your pets' belongings that will be with them during their stay:

Behavior Assessment

Is your pet frightened, aggressive, or performed any of the following?

Loud noises ___ Other animals ___ Certain objects/ actions ___ Jumped a fence ___ Other _____
____ (initial here)

Please note that some pets may experience anxiety during their stay at Parkers Paws.

As the owner of my pet, I acknowledge that my pet may exhibit the following: vocalization, pacing, inability to settle, excessive jumping. _____ (initial here)

Vaccination History

At Parkers Paws LLC we require proof of the following for boarding, spa and doggy day care.

Canine: Rabies, Bordetella, DA2PP

Feline: Rabies, FVRCP, FELV

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If an emergency were to occur during your pets stay at Parkers Paws LLC, do you have a preference as to which veterinarian we contact? _____ If you do not have a preference Parkers Paws LLC will contact Nashville Road Animal Hospital, Dr. Ellie Gripshover. ____ (initial here)

If your pet is under the care of Parkers Paws LLC and has the presence of internal or external parasites, they will be treated at the owner's expense. ____ (initial here)

How did you hear about Parkers Paws LLC? _____

I certify that I am the owner of this pet.

I hereby grant permission to Parkers Paws LLC to act in my behalf, and in my pet's best interest, by obtaining veterinary care at my expense, if deemed necessary, for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its stay at Parkers Paws LLC.

Parkers Paws LLC agrees to exercise all due and reasonable care to prevent injury or illness to my pet. However, in the event of illness or injury the owners and employees of Parkers Paws LLC shall not be held personally liable for such injury or illness.

I agree to pay all costs for any property damage or personal injury caused by my pet during its stay. I agree to pay all charges on the day of pick-up of my pet and I understand that my pet may not leave the premises until all charges are paid in full. I understand that any animal left for ten days beyond the agreed date of pick-up will be considered abandoned. Parkers Paws will become the pet's legal guardian and action will be taken to re-home pet. In the event of an abandoned pet the previous owner will not take recourse against Parkers Paws and will not be able to retrieve possession.

Signature: _____ Date _____

Thank you for choosing Parkers Paws LLC

- Katie and Marshall Neblett

