



**Owner Information**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Spouse's \_\_\_\_\_

How did you hear about Four Paws Inn? \_\_\_\_\_

**Emergency Contact Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

**Veterinarian**

Clinic Name: \_\_\_\_\_

Doctors Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_



**Pet Information**

Name: \_\_\_\_\_ (Circle one)      Canine      Feline

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Special Markings: \_\_\_\_\_

(Circle One)      Male      Female      Spayed      Neutered

(Circle One)      Tattoo      Microchip

Is your dog currently on ANY medications? (Prescription or over-the-counter) If yes, please list them below and remember to bring them with you!

**Current Medications**

Medication: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

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**Health History**

Is your dog currently on Heartworm prevention? Brand: \_\_\_\_\_

Date last given: \_\_\_\_\_

Is your dog currently on Flea prevention? Brand: \_\_\_\_\_

Date Last Given: \_\_\_\_\_

What brand food do you feed? \_\_\_\_\_

Number of times fed per day: \_\_\_\_\_

Amount: \_\_\_\_\_