|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   |  |   |  |  |   |
| Owner's Name (First, Last) |  | Primary Phone # |  | Secondary Phone# |  |
|   |  |   |  |   |   |
| Street Address |  | City, State |  | Zip Code |  |
|   |  |   |   |
| Email Address |  | Emergency Contact Name/Phone # |  |
|   |  |
| Animal Name |  |  |  |  |  |
|   |  |   |  |   |   |
| Breed |  | Birthday |  | Weight |  |
|   |  |   |  |   |   |
| Spayed/Neuter |  | Gender |  | Vaccinations Current |  |
|  |  | (Proof of rabies vaccination required) |
|   |  |   |  |   |   |
| Veterinarian Name/Clinic |  | Veterinarian Phone # |  |  |  |
|   |   |
| Individuals Authorized to Pick Up My Animal |  |  |  |  |  |
|  |  |  |  |  |  |





\_\_\_\_\_\_\_\_ I have read and agree to Betwixt the Paws Grooming LLC Policies and limits of liability.