



PATTERING PAWS, LLC

Pampered Pet Care

Information and Release Form (Page 01 of 03)

Name _____ Address _____
 Zip _____ Phone _____ Cell Phone _____ Work Phone _____

Animal(s)
 Dog ___ Cat ___ Other(s) _____

Name(s)
 Dog(s) _____ Cat(s) _____ Other _____

Breed _____ Male / Female _____ Neutered / Spayed _____ Age(s) _____
circle one circle one

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 (circle one)
 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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Walk(s)

Frequency _____ Time _____

Collar Type

Pinch Choke Other _____
circle one

Litter Box Emptied

_____ Daily
_____ Other

Fence

Electric Fence Yes No
circle one

Fenced in yard Yes No
circle one

Veterinarian

Name _____

Address _____

Zip _____

Phone Number _____

Destination(s) (Please fill in and attach itinerary)

Flying to _____

Driving to _____

Name _____ Address(s) _____

Zip _____ Phone _____ Fax _____

Dates

Departure _____ Date _____ Time _____

Arrival back in St. Louis _____ Date _____ Time _____

Close Relative or Friend in St. Louis

Relative Friend
circle one

Name _____

Address _____

Phone Number _____

Other Service requested (mail, plants, indoor, outdoor, papers, lights, etc.)



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I allow Pattering Paws to contact my vet 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 isn't 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.

Owner Signature _____

Pattering Paws Rep _____

Lynne Parriott _____

Date _____