

Parker's Pet Palace

Pet Boarding Registration

Pet's Name Is: _____ Age _____

Owner's Last Name _____ Owner's First Name _____

Address _____ City _____ ST _____ Zip _____

E-Mail _____ Home # _____

Cell # _____ Work # _____

In case of Emergency name _____ @ _____

Dog Cat Male Neutered Not Neutered
Female Spayed Not Spayed

Breed _____ Color _____ Microchip _____

Veterinarian Name _____ # _____

Immunization Records Will Be Needed Prior To Reservations

List medications your pet will be given during stay

1. _____ 2. _____

Please tell us about any allergies or special instruction

Check In Date _____ Check In Time _____

Check Out Date _____ Check Out Time _____

Supplies Arriving with Pets:

Bedding Description _____

Toys Description _____

Treats Description _____

Food Number of feedings per day: 1 2 3

Amount at each feeding: _____

Details _____

My pet eats _____ Brand Food

My pet enjoys _____

My pet does not like _____

Please do not give my pet _____

My pet is: very friendly shy quiet very vocal housebroken

will climb fences will dig under fences

Has your pet ever bitten a person another dog another cat

I want Parker's Pet Palace to transport to Groomer during this stay

Name _____ # _____

Appointment Date _____ Time _____

How did you hear of us? _____