

**THE FOUR PAWS HOTEL
AND DAY RESORT**
8145 Industrial Park Drive
Grand Blanc, MI 48439
michelle@thefourpawshotel.com

PET ENROLLMENT FORM

*Please note that all information provided is CONFIDENTIAL and for use only
By The Four Paws Hotel and Day Resort to provide the best possible care for your pet!*

OWNER INFORMATION

	Owner 1	Owner 2
NAME		
EMPLOYER		
PRIMARY CONTACT		
SECONDARY CONTACT		
WORK PHONE		
EMAIL		
Physical Residence Address		
Mailing Address (if different)		
Who else is authorized to pick-up your pet?		

EMERGENCY NON-OWNER CONTACT

NAME	PHONE #1:	PHONE #2:

PET INFORMATION

PET #1	PET #2
Circle one: DOG CAT OTHER:	Circle one: DOG CAT OTHER:
Name:	Name:
Breed:	Breed:
Color:	Color:
Sex: M or F Weight: lbs Age:	Sex: M or F Weight: lbs Age:
Spay or Neutered: Y or N	Spay or Neutered: Y or N

VETERINARIAN CONTACT INFORMATION

NAME: VET and CLINIC	ADDRESS	PHONE

MEDICAL TREATMENT PREFERENCE:

- ___ CONSULT THE NEAREST POSSIBLE VETERINARIAN; or
- ___ ONLY SEEK CARE FOR MY PET AT THE ABOVE STATE VETERINARIAN

PLEASE BE AWARE THAT IF AN EMERGENCY SHOULD ARISE, THE FOUR PAWS HOTEL AND RESORT RESERVES THE RIGHT TO SEEK IMMEDIATE VETERINARY CARE AT THE NEAREST VETERINARY FACILITY. SHOULD NON-IMMEDIATE MEDICAL TREATMENT BE NECESSARY AND YOU REQUEST WE SEEK TREATMENT AT YOUR STATED VETERINARIAN, THE FOUR PAWS HOTEL AND RESORT MAY NOT BE RESPONSIBLE FOR SERVICE FEES HIGHER THAN THOSE THAN OUR CONSULTING VETERINARIAN.

How did you hear about The Four Paws Hotel?

Circle what services you may be interested in:

Daycare Boarding Spa Services Training

Owner 1 Signature:	Owner 2 Signature:

