

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(S)		
EMPLOYER (optional)		
CELL NUMBER		
HOME NUMBER		
WORK NUMBER		
EMAIL		
Physical Residence Address		
Mailing Address (if different)		
Who else is authorized to pick-up your pet?		

EMERGENCY NON-OWNER CONTACT

NAME:	RELATION:	PHONE NUMBER:
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PET INFORMATION

PET # 1	PET # 2
Circle one: DOG or CAT	Circle one: DOG or CAT
Name:	Name:
Breed:	Breed:
Color:	Color:
Sex: Weight: D.O.B or Adoption date: M or F	Sex: Weight: D.O.B or Adoption date: M or F
Spay or Neutered: Y or N	Spay or Neutered: Y or N

VETERINARIAN CONTACT INFORMATION

CLINIC NAME	VET NAME (optional)	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:

Boarding

Daycare

Grooming

Owner 1 Signature:	Owner 2 Signature:
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