



The Lady and the Tramp's Paw Resort
Boarding and Daycare

Pets Name: _____ **Pets Breed:** _____

Owner's Name : _____ **Phone:** _____

Cell Number: _____ **Email:** _____

Adress: _____

Name of Vet Clinic: _____

Any Medication:

(if yes,daily dosage and administration?)

Any Medical Condition we need to be aware of:

Emergency Contact: (name and #) _____

I allow Lady and the Tramp and all employees to transport my dog to and from the vet clinic to seek medical treatment for fees and charges up to: \$_____. I give permission for the veterinarian to administer care and/or medications.

Initial: _____

Any other information that might help us make sure your dog has the best vacation ever!
