

Sandy Paws Dog Sitting, LLC

11 E. 34 Street, Brant Beach, NJ 08008-4106

OWNER INFORMATION

Owner's Last Name _____ First Name _____ Date _____

Home Phone _____ Cell Phone _____ Other Phone Contact _____

Primary Address _____

E-Mail _____

Secondary Address _____

EMERGENCY CONTACT INFORMATION

Someone other than you, who is not vacationing with you, who can make emergency decisions for your dog(s) on your behalf

1. Name _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

Address _____

2. Name _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

Address _____

Authorized individual(s) other than yourself allowed to drop-off/pick up your dog(s) _____

VETERINARIAN INFORMATION

Vet Clinic / Hospital _____ Doctor _____ Phone _____

Address _____ Fax _____

Last Vet Visit _____ Rabies Vaccination: Date _____ Copy of Certificate provided _____

Distemper vaccination verification provided _____ Bordetella vaccination verification provided _____

Negative stool sample test verification provided _____ Heartworm Medication _____ Last Given _____

Flea & Tick Medication / Preventative _____ Last Given _____

For all of our pets' safety, the above vaccinations and medications are required for any length of stay, and given at least two weeks prior to their vacation with Sandy Paws. NO EXCEPTIONS, unless written authorization is provided by your veterinarian.

Other Medical information

Medication	Dose	How Many Times Per Day	With Food?

Comments _____

Owner's Signature _____

Date _____