



Loving Touch Animal Center
Specializing in Natural Medicine for your pet
BOARDING/DAYCARE APPLICATION

Owners Name: _____

Spouse/Other: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (_____) _____ Cell: (_____) _____

Owner's Employer: _____ Phone: (_____) _____

Emergency Contact: Name: _____ Phone: _____

Email Address: _____

Pet's Name: _____ Dog / Cat

Circle One: Neutered Male / Spayed Female / Unaltered Male / Unaltered Female

Age/DOB: _____ Breed: _____

Color: _____

Previous Vet/Clinic: _____ Phone: _____

I am the owner of the above pet, or am acting as agent for the owner and accepting full financial responsibility.

Signature: _____ Date: _____

Driver's License Number: _____ State: _____

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.

Thank you for giving us the Opportunity to care for your pet!

Any Medical Condition or Allergies? Yes ___ No ___

If Yes, Please explain _____

Preferred Food: _____

How much per feeding: Am _____ Noon: _____ Pm: _____

Is your/ cat on a flea, & Tick Control? : Yes _____ No: _____

Is your dog house trained? Yes _____ No _____

Has your dog/cat ever bitten anyone? Yes _____ No _____

If yes, please explain: _____

Has your dog / cat ever growled or snapped at anyone for any reason (food, toys etc.)/ Yes: _____ No: _____

If yes, please explain: _____

Has your dog ever chew thing he,/she shouldn't have Yes: _____ No: _____

If yes, please explain: _____

Is there anything else you would like for our staff members to know about your pet?

