

# *Beck and Call Services, LLC*

## Bed & Bone Stay Information

Date: \_\_\_\_\_

**Arrival date/time:** \_\_\_\_\_

**Pickup date/time:** \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_ Other: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered/Spayed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **Emergency Contacts OTHER THAN YOU:**

Name & Phone 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

### **Flea/Tick & Heart Worm Preventatives must be given monthly**

**Brands:** \_\_\_\_\_

**Current Vaccination records are required before delivery for Rabies, Distemper/Parvo, Bordetella**

Is your pet a destructive chewer? \_\_\_\_\_ Has your pet been previously abused? \_\_\_\_\_

Does your pet have a fear of thunderstorms or fireworks? \_\_\_\_\_

Will your pet stay alone in a room with a 3ft high gate? \_\_\_\_\_

Has your pet ever attacked (bitten) any person or animal? \_\_\_\_\_

Is your pet allowed on a Bed? \_\_\_\_\_ Sofa? \_\_\_\_\_

### **Feeding & Medication Instructions**

Food type: \_\_\_\_\_ How Much: \_\_\_\_\_ How Often: \_\_\_\_\_

*(Brand)*

Other Food/Treats Included:

\_\_\_\_\_

Food Allergies: \_\_\_\_\_

**Medications:** Med: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Med \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Med \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Other Comments/Special Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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