



PET INFORMATION

DATE: _____

Dog's Name: _____ Sex: Male/Neutered or Female/Spayed

Breed: _____ Color: _____ Weight: _____

Age: _____ Birthday: _____

My Veterinarian is: _____ City: _____

Proof of Vaccinations from veterinarian needed with Expiration Dates:

Rabies, Distemper and Bordetella/Kennel cough

HEALTH

List any prescribed Medication, Reason and Dosage:

Is he/she a Chewer? YES/ NO

Licks or Chews on itself until Sore/Bleeding? YES/NO

Back, Walking or Standing issues? YES/NO

Any markings, sores, blisters etc. that we need to be aware of? _____

Any anxiety during storms or fireworks? YES/NO

FEEDING

AM- MID- PM – GRAZES

If doesn't eat, OK to leave food at bedtime? YES/NO

In the event your food runs out, is it OK to use our food? YES/ NO (PurinaPro/ \$3 per feeding)

Are treats allowed? YES/NO (milk bones/lunch or bedtime)

SOCIAL BEHAVIOR

Does your dog play well with others? YES/ NO / UNKNOWN

Any unfriendly behavior? Bites-Snaps-Growls

Anything make your dog uncomfortable? Toys around others, hugging, removing from furniture, touching ears, NONE

BATHING

A bath is recommended after 3 nights stay.

Would you like to have a departure bath? YES/NO (\$20)

TINY PAWS RESORT
644 N. SAGE RD
WHITE HOUSE, TN 37188
(615) 581-0051



OWNER INFORMATION

Owner: _____
Address: _____
City: _____ State: ____ Zip: _____

CONTACT INFO

Phone Number: Cell: _____ Home: _____
Email: _____

Additional Owner: _____
Phone Number: Cell: _____ Home: _____
Email: _____

Employer: _____
Work Number: _____

EMERGENCY

If there's an emergency and you are not able to be reach who would we contact?

Name: _____
Phone Number: _____

If you are not able to pick up who else may do so? Please make us aware day of.

Name: _____
Name: _____
Name: _____

How did you hear about TINY PAWS RESORT? _____

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