

**Thank you for choosing: The Fairy Dogmother, LLC!**

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

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

Email: \_\_\_\_\_  Text Reminders  Email Reminders

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: Male/Female

**For Grooming, Circle all that apply:**

**Sensitive Skin      Sensitive Feet      Sensitive Ears      Scared of Hair Dryer**

**Other:** \_\_\_\_\_

**Personality, Circle all that apply (No judgement, but very important for us to know for everyone's safety and so I know how to handle your dog!):**

**Aggressive with Animals      Aggressive with People      Barker      Chewer**

**Shy      Hyper      Keep on leash      Other:** \_\_\_\_\_

**Medical Information**

**Vet:** \_\_\_\_\_ **Vet Phone #:** \_\_\_\_\_

**Vet Address:** \_\_\_\_\_

**Expiration Date of Vaccines:**

**Rabies:** \_\_\_\_\_ **Bordetella:** \_\_\_\_\_ **Distemper:** \_\_\_\_\_

**Circle all that apply:**

**Deaf      Blind      Diabetic      Heart Condition      Epileptic**

**Spayed / Neutered / Intact?      Food Allergies:** \_\_\_\_\_

**Do I have your permission to post pictures of your dog on Facebook?    Yes / No**

**How did you hear of The Fairy Dogmother, LLC?** \_\_\_\_\_



**The Fairy Dogmother, LLC**  
**PET AGREEMENT**

**By signing below, I hereby agree to the following statements, terms and conditions:**

1. *To the best of my knowledge, my pet is not currently suffering from any contagious conditions, and in the event that my pet begins to show symptoms of any contagious conditions, I will refrain from scheduling or cancel any standing appointments until the symptoms subside;*
  
2. *In the event that my pet becomes ill or injured while under the care of The Fairy Dogmother, LLC, all owners, employees, and independent contractors have my permission to transport my pet to a veterinarian of their choosing, including an emergency animal hospital if necessary, and I agree to pay for all costs associated with my pet's medical care. PLEASE NOTE: We will always attempt to contact the pet's owner and listed emergency contact prior to taking the steps described herein; and*
  
3. *At the conclusion of my pet's appointment, I will promptly pick up my pet, unless alternate arrangements have been made with the Fairy Dogmother, LLC or its independent contractors. If I fail to pick up my pet or contact the Fairy Dogmother, LLC to make alternate arrangements, the Fairy Dogmother, LLC and its independent contractors have the right to find a new home for my pet. PLEASE NOTE: We will only take these drastic steps in the event that you abandon your pet and we are unable to get in touch with you or your emergency contact.*

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Date

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Pet Owner's Printed Name

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Pet Owner's Signature