Waggin' Tails Pet Ranch "Where Pets Come to Play!"

OWNER INFORMATION			
Last Name:	me: First Name(s):		
Home #:	Cell Phone #1	Cell Phone #2	
E-mail:			
Address		City	Zip
Veterinarian's name and ph	one number:		
Who may we thank for refe	0.0000000000000000000000000000000000000		
*Has your pet(s) ever show	vn any unusual symptoms or si	igns that we should be aware	of while boarding?
	neezing, coughing, etc.) IF YE		
	NATIONS ON RECORD BEF		
PET INFORMATION:	0 1 D . N	2 1 D . N.	
1st Pet Name:	2nd Pet Name:	3rd Pet Na	ime:
Breed:	Breed:	Breed:	001
Description Birth date/Age	Description: Birth date/Age:	Descripti Birth date	
Male/Female	Male/Female:	Male/Fen	
Spayed/neutered?	Spayed/Neutered?	Spayed/Net	
Spajea neaterea.	Spayoan toaterou	Spayean 1,00	
LET US KNOW A LITTLE	E BIT ABOUT YOUR PET:		
Is your pet(s) on flea preve			
	reat any pet that has fleas. We	strongly reccomend a flea/tie	ck prevention-it is a
	outside areas. All dogs need th		_
Has any of your pets ever l	oitten anyone? If yes-explain:		
Has any of your pets ever s	shown any aggression? If yes-e	explain:	
T (() C 1 C 4	C 1 1 1 2 C C	1.'.14\	
Is your pet(s) afraid of stor	ms, fireworks, or other? (if so	wnich pet)	
Does your pet like other do	ogs? (explain experiences)		
_ out just per annual and	8- ( )		
Does your dog try to:climb	fences, dig out, open gates, etc:	:Explain	
D	- 1: - 1 1:4: 0 If y	-i	
Does your dog nave any m	edical conditions? If yes-expla	ain	
Special Instructions or med	dications		
Special instructions of file			
What activities would you	like your pet to participate in?	(THERE IS NO CHARGE	FOR THESE)
	me for off leash fun (staff men		
* Pats & Hugs- one o			
	m time at the watering hole		
	oon fun with other social dogs	(Not for dogs that don't like	other dogs-must be tested
by staff)			

Please Fax this form to: 281-533-0501 or email info@waggintailspetranch.com