



CLAWINGTON OF MADISON

A CLASSIC PET RESORT

GUEST REGISTRATION FORM

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact:

Name: _____ Phone Number: _____

Relation: _____

Please list those whom are authorized to pick up your pet:

1) Name: _____ Relationship: _____

2) Name: _____ Relationship: _____

Veterinarian:

Clinic Name: _____ Address: _____

Phone Number: _____

How did you hear about us? _____

PET GUEST INFORMATION

Pet's Name: _____ Species: Cat Dog

Breed: _____ Color: _____

Birthdate: _____

Check where appropriate:

Male Female Spayed Neutered Unaltered



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Pet's Name: _____ **Species:** Cat Dog

Breed: _____ **Color:** _____

Birthdate: _____

Check where appropriate:

Male Female Spayed Neutered Unaltered

Pet's Name: _____ **Species:** Cat Dog

Breed: _____ **Color:** _____

Birthdate: _____

Check where appropriate:

Male Female Spayed Neutered Unaltered

MEDICAL HISTORY

Is your pet currently taking any medications? Yes No

**NOTE: IF YOU CHECKED YES, YOU WILL NEED TO FILL OUT AND SIGN A
MEDICATION ADMINISTRATION FORM FOR EACH PET THAT IS TO RECEIVE
MEDICATIONS DURING THEIR STAY.**

Has your pet been ill in the last 30 days? Yes No

Is your pet displaying any symptoms such as coughing, sneezing, vomiting, diarrhea? Yes No

Does your pet have any previous or current injuries, physical problems or health concerns, including allergies? Yes No If yes, please, explain: **Click or tap here to enter text.**

Does your pet have any physical restrictions while playing, or sensitive area on the body? Yes No

If yes, please explain: **Click or tap here to enter text.**



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VACCINATION RECORDS

Vaccinations and preventatives are required for boarding at Clawington of Madison. Below is a list of requirements:

Canine Guests:	Feline Guests:	Doggie Daycare Members:
Rabies	Rabies	Rabies
Distemper/Parvo	Distemper	Distemper/Parvo
Bordetella	Bordetella	Bordetella
Canine Influenza- Bivalent	Leukemia	Canine Influenza- Bivalent
Proof of Flea Prevention	Proof of Flea Prevention	Heartworm/Flea/Tick Prevention Heartworm Testing Intestinal Parasite Screening

Proof of the above-mentioned vaccinations/labs/preventatives is required for admission to Clawington of Madison. Clawington office staff may contact your veterinarian for records or you may provide copies of your pet’s records. If proof cannot be provided, Animal Health Care Center will perform any required vaccinations/labs/preventative application at drop off at owner’s expense.

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the pet subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Signature of Owner: _____ **Date:** _____