



Crystal Parlor

Pet Information

Guardian's Name _____

Address _____

Phone _____ Emergency No. _____

Dog breed _____ Age _____ Name _____

Sex _____ Has your pet been spayed or neutered? _____

Habits or behavior problems _____

Does pet socialize with other people? _____ Does pet socialize with other dogs? _____

Allergies _____ Special Diet _____

Veterinarian _____ Phone _____

Permission for Emergency Care:

I understand *Crystal Parlor* makes every effort to care for and safety of each dog. If health issues arise during stay, *Crystal Parlor* may seek care from veterinarian or Emergency care if necessary. I understand expenses incurred by my dog is my responsibility and shall be responsible for all expenses.

Date _____

Guardian signature _____

My pet is current with vaccinations and free of parasites. Initial _____

Additional Comments:

Initial _____

Whether you pet's stay here is long or short, we hope they will find it a happy, playful and secure home-away-from home.



We encourage you to support the Bella Vista Animal Shelter. After all, we are animal lovers and caregivers, are we not?