



Peaceful Pets Resort & Salon, Inc.
745 East Second Street
Mount Vernon, IN 47620
Phone: 812.838.5880 Fax: 812.838.xxxx
Website: www.peacefulpets.com

Office Use Only

PET INFORMATION FORM:

General Information:

Pet's Name (Last, First) Breed Color Weight Sex: Male Female Spayed/Neutered: Yes No
Type: Dog Cat Other, please specify:
Pet's Date of Birth Known Age
No Yes

Behavior Information:

Pet's Temperament: Normal Passive Aggressive Timid Hyper Other:
Pet's Likes
Pet's Dislikes

Vaccinations:

Prior to check-in, proof of vaccination must be provided in the form of a certificate or a receipt from a licensed veterinarian. You may have your vet fax this information to us.
Proof of vaccinations required for ALL Cats: Annual Rabies Annual Rhino-Calici- Panleuk Annual Feline Leukemia w/RCP
Proof of vaccinations required for ALL Dogs: Annual Rabies Annual Dist-Hep-Para-Parvo-Cor Annual Bordatello (Intrac)
Is your pet using a flea prevention application? Yes No (Please note that all pets boarded must be flea-free at check-in.)

Feeding Information:

Food Preference: House Provided Pet Food Pet's Own Food (specify):
Schedule: Morning Afternoon Evening Always Leave Food Out
Amount: Specify:

Other Feeding Instructions:

Medication Information:

Medication Name #1: Schedule: Morning Afternoon Evening Other:
Medication Name #2: Schedule: Morning Afternoon Evening Other:
Medication Name #3: Schedule: Morning Afternoon Evening Other:

Additional Notes from Pet's Owner:

SIGNATURE (REQUIRED):

NAME (PRINTED):

DATE: