paws&claws

U.S. ARMY MWR

AMIM-NTW-BO

Client Information:

Sponsor's Name: _____ Contact Number: _____
(Last, First Name)

Spouse's Name: _____ Contact Number: _____
(Last, First Name)

Client's Address: _____

City: _____ State: _____ Zip code: _____

Emergency Contact: _____ Contact Number: _____

Emergency Contact: _____ Contact Number: _____

Please do not list yourself as emergency contact, list relative, friend or coworker that can be reached at all times and that can reach you in case of emergency and have access to Fort Irwin

Pet Information:

Pet Name: _____ Breed: _____ Age: _____

Pet Gender: **M / F (circle one)** Spayed/ Neutered: **No / Yes (circle one)**

Does your pet have any allergies? **No / Yes (Circle one)** If yes, please list them: _____

_____

Has your pet been treated for any illness in the last 30 days? **No / Yes (Circle one)**

If yes, please describe: _____

Does your pet have any physical restrictions? **No / Yes (circle one)** If yes, please list them: _____

_____

Does your pet have any medical conditions? **No / Yes (Circle one)** If yes, please describe: _____

_____

Does your pet have any dietary restrictions? **No / Yes (Circle one)** If yes, please list them: _____

_____

Please provide us with the Vet Clinic and Phone number:

Vet Clinic: _____ Phone Number: _____

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Feeding:

Please provide us with your pets feeding schedule (check all times that apply):

☐ Morning   Quantity: _____   Special instructions: _____

☐ Noon   Quantity: _____   Special instructions: _____

☐ Evening   Quantity: _____   Special instructions: _____

Other: _____

Medicine:

No injection medications

If your pet is on any regular medications please list them below:

Medication name: _____

Instructions: _____

If medication needs to be refrigerated please **CHECK** box: ☐

Please remember that you need to provide us with method of giving medications, as we do not provide that here. (i.e. peanut butter, pill pockets)

Please list any authorized person(s) to pick up your pet from our facility:

Name: _____   Contact Number: _____

Name: _____   Contact Number: _____

Name: _____   Contact Number: _____