

**FOUR PAWS
890 W. BRIDGE ST
MORRISVILLE, PA 19067
215-428-4701**

Enrollment Form

Date: _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Business Phone** _____

In case of Emergency, contact _____

Phone Number _____

Pet's Veterinarian _____ **Phone Number** _____

Type of Pet Dog _____ Cat _____ Other _____

Breed _____ **Name** _____ **Sex** _____ **Age** _____

Birthdate _____ **Color** _____

Are you aware of any reason we should approach your pet(s) with caution?

Are you aware of any fears or phobias? _____

Any history of illness or biting? _____

Does your dog have any allergies? _____

Any daily medications? _____

Can your dog jump over a 5' fence? Yes _____ No _____

We would like to support you in your efforts to teach your dog appropriate behavior. Are there things you would like us to do or rules we should enforce?

Is there anything special you do, such as using a particular word, if you want your dog to come to you?

What brand of dog food do you feed your dog?

If your pet will not eat, what would you like us to do? _____

How did you hear about us? _____

What is your dog's Bucks County License #? _____