

Paws n Claws B and B Reservation Form

Date: _____ **Taken by:** _____

Name: _____

Address: _____ **Zip** _____

Phone # Home: _____ **Cell:** _____

Referred by: _____

Pet's Name: (1) _____ **Breed:** _____ **Gender:** _____

Color: _____ **Age:** _____ **Weight:** _____

Pet's Name (2) _____ **Breed:** _____ **Gender:** _____

Color: _____ **Age:** _____ **Weight:** _____

Pet's Name (3) _____ **Breed:** _____ **Gender:** _____

Color: _____ **Age:** _____ **Weight:** _____

Vet's Name: _____ **Phone:** _____

Dates Boarding: ___/___/08 thru ___/___/08

Suite Size (Boarding): _____ **PriceQuote \$** _____

Bath ___yes ___no **Full Price** _____ **Half Price** _____ **Comp** _____

Grooming Date: ___/___/08 **Price Quote: \$** _____

Special Instructions/medical conditions:

FOR OFFICE USE ONLY

Pet name	1st pet	2nd	3rd pet
Rabies exp.date	_____	_____	_____
Bordatella exp date	_____	_____	_____
DHLP exp date	_____	_____	_____