CLAWS~N~PAWS

and all necessary vaccinations.

Claws No. Paws

Pet Taxi Services

	~N~			
Client Information	Paws	Pet Information		
Data:		Pet's Nam	ne:	
Date:		Breed:		
Time: Name:		Male	Female	Age
Phone:		Vet:		-
Email:		Health Issues/Pre-existing conditions:		
Address:		Behavior i	notes:	
	-			
Pick up time:	_			
Pe	t Taxi Ser	vices		
Veterinarian		F	Pet Taxi Service	:
	Pick Up address:			
Dog Park		· · · · · · · · · · · · · · · · · · ·		
Shopping				
Transport				
Other				
Explain:	•	Special		
	Instr	ructions:		
Pet Ta	ıxi Consent aı	nd Waiver		
At Claws~N~Paws, your pet is important to us. Yet's pet taxi experience is pleasant. Occasional aggravate a current condition. This can occur de	ılly, a stressful e	xperience ca	n expose a hidden m	· ·
In the best interest of your pet, we request per should it become necessary. Furthermore, clien			•	•
In the event that I am not present, I hereby grateeatment for my pet, at my expense. The under photographs or videotapes from grooming for an	ersigned further	grants full p	ermission to Claws~N	N~Paws to use any

Signature: ______ Date: _____

existing medical conditions my pet may have prior to receiving services. My pet is up to date on Rabies, Distemper