

Four Paws Pet Resort, LLC * Grooming Application

Please mail or fax this application to:
Four Paws Pet Resort, LLC
1737 Sane Road, Dalton, Georgia 30721
Call with questions: (706) 428-9937
Fax (706) 428-0770

About You

How did you learn about Four Paws? _____

First Name: _____ Last Name: _____

Spouse Name: _____

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____
(Someone other than you or your spouse)

Your Preferred Phone: Home Cell Work Emergency Contact
(Please circle one)

E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____
(If different than mailing)

City: _____ State: _____ Zip: _____

*****IMPORTANT NOTE*****

BEFORE your dog's arrival, Four Paws **must** receive CURRENT vaccination records. Your vet can fax information to (706) 428-0770.

Required vaccinations are: Rabies, Bordatella, and DHLPP.

About Your Dog

Pet Name: _____ Color: _____

Sex: Male Female Neutered Spayed
(Please circle one)

Breed: _____ Approximate Weight: _____ Date of birth: _____

Vet's Office Name: _____

Name of Flea Medication: _____ Date given: _____

(Please note: In order to protect all guests staying at Four Paws, any guest checking into our facility infested with fleas will be given a CapStar at the owner's expense).

Disabilities/illnesses: Limited Mobility _____ Sight Impairment _____ Hearing Loss _____ Incontinence _____

Other _____

Has your dog ever been groomed in the past? Yes _____ No _____

Snapping or nipping at humans: Explain: _____

Additional special requests or other information you would like us to know: _____

At the Resort, making our guests comfortable is our top priority. We welcome any information that will be important for us to help your dog enjoy his or her grooming stay.