

Date \_\_\_\_\_

**Jennifer Streit**  
**CASA DE LOS PERROS HEALTH HISTORY**  
**5446 49<sup>th</sup> Avenue SW**  
**Seattle, WA 98136**  
**(206) 938-8539**  
**Cell: 206-579-7572**  
**www.HandsToPawsAnimalMassage.com**

**GUARDIAN:** \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

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**ANIMAL'S NAME:**

\_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: M\_\_\_F\_\_\_ Spayed/Neutered: Yes\_\_\_No\_\_\_ If not, will your dog be in heat when she stays with us?\_\_\_\_\_. If so, please bring diapers.

Does your dog have a dog tag? \_\_\_\_\_

Microchip? Yes\_\_\_No\_\_\_ Microchip Co & #: \_\_\_\_\_

Disease(s)/Injuries/Surgeries:

\_\_\_\_\_  
\_\_\_\_\_

Vaccinations: Rabies:

\_\_\_\_\_ Other: \_\_\_\_\_

Medications: \_\_\_\_\_

**Flea Treatment:** Yes\_\_\_\_\_; No\_\_\_\_\_

Does your dog **bark** excessively: \_\_\_\_\_ If so when? \_\_\_\_\_ and at

What? \_\_\_\_\_

Does your dog have any aggressive or unusual behaviors? \_\_\_\_\_

\_\_\_\_\_ Describe aggressive/unusual behaviors: \_\_\_\_\_

\_\_\_\_\_. Has your dog ever bitten another

animal/person? \_\_\_\_\_ Where does your dog like to sleep?

\_\_\_\_\_

**Veterinarian:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Is it ok for Jennifer Streit to contact your veterinarian should the need arise? \_\_\_\_\_

How did you find out about Casa de los Perros? \_\_\_\_\_

Would you like to be added to the Newsletter/Mailing list? Yes\_\_\_\_\_, No\_\_\_\_\_

**AUTHORIZATION**  
**Casa de los Perros**  
**www.HandsToPawsAnimalMassage.com**

I authorize, Jennifer Streit, owner of Casa de los Perros, to take care of my companion, \_\_\_\_\_, in my absence.

I will be staying at: \_\_\_\_\_

Phone: \_\_\_\_\_. I will have my cell phone with me? Yes\_\_\_  
No\_\_\_

If I can't be reached call: \_\_\_\_\_

Ms. Streit is authorized to make health care decisions in case of an emergency. My veterinarian, Ballard Animal Hospital or an Emergency After-Hours Clinic (e.g. Emerald City Emergency Clinic), will treat my pet in the event of an emergency. Place of treatment is to be dictated by the nature of the emergency. The veterinarian Ms. Streit chooses is authorized to exercise his/her professional judgment in treating my pet.

I will reimburse Ms. Streit or any veterinarian for any and all expenses incurred on my pet's behalf.

Ms. Streit and Casa de los Perros shall not be held liable for unforeseen events that are a result of decisions or care made in good faith in the service or treatment of my pet.

In the event that my pet causes another animal, at Casa de los Perros, to incur veterinary expenses. I will reimburse Ms. Streit for expenses incurred.

I certify that I have read this agreement and I understand its content.

\_\_\_\_\_  
Guardian or Authorized Agent

\_\_\_\_\_  
Date