



Love Those Dog Paws

P.O. Box 877
Kealahou, HI 96750
808-937-5252
lovethosedogpaws@gmail.com

Pet Owner

Name _____

Address _____

City _____ State _____ Zip _____

Email: _____

Home Phone: _____ Cell Phone _____

Other Contact Numbers: _____

Emergency Contacts: Please provide information for 2 emergency contacts who may act on your behalf in the event we are unable to reach you.

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Veterinarian Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Vet Hours: _____

It is recommended you complete the Veterinarian Authorization form and leave it with your veterinarian prior to your departure. In the event there is an emergency, Dustin Omori will make every effort to contact your veterinarian. If your veterinarian is unavailable to provide necessary emergency treatment, you authorize Dustin Omori to contact Dr. Keri Jones (South Kona Veterinary Services), Alii Vet, or Dr. Phil Freed. Any charges incurred for emergency vet visits to Dr. Keri Jones (South Kona Veterinary Services), Alii Vet, or Dr. Phil Freed. will be passed onto the pet owner. As the pet owner, please indicate the amount you authorize for treatment \$_____.

All charges on the pet owner's behalf and paid for by Dustin Omori will be reimbursed to Dustin Omori within 10 days of your return.

Pet Identification

Mircochip Number: _____

Pet Name: _____ Age: _____

Please circle: Sex: M F Spayed/Neutered? Yes No

Color/Markings: _____

Please describe any health issues: _____

Please list all medications, dosage, and schedule: _____

Feeding Instructions:

Feed apart from other pets/supervise Remove food after _____minutes.

	Brand	Amount	Morning	Afternoon	Dusk/Evening
Dry Food					
Wet Food					
Treats					

Water will be cleaned and filled frequently.

Temperament/Personality

Please indicate if your pet does not like any of the following:

- Touch ears Rain/cold Sharing food/water dishes _____
- Touch tail Children People near food/water dishes _____
- Hot days Other animals Loud noises (vacuum, garbage disposal, thunder, garage door, etc.) _____

Favorite games, toys, and activities: _____

Is your pet house broken? Yes or No (circle one) If no, please describe how this is handled:

Which commands does your pet know? _____

Are your pets Vaccinated? Yes or No (circle one)

Has your pet ever exhibited aggressiveness towards people or other animals? This includes biting, growling, snapping, nipping, etc.

Provided items

Please list the items you are providing for your dog's visit with Dustin. We want to make sure we have everything to make your pet feel at home. All provided items (with the exception of food and treats) will be returned to you.

Transportation Information

Dustin requires transportation support which is provided by Ellen Crocker with Health Resources or Jayne Omori, Dustin's mother. All drivers supporting Dustin carry the required State of Hawaii No Fault vehicle insurance coverage. In the event there is an accident, the vehicle owner will not be held liable for any damages or expenses if your pet is injured or death occurs.

Pet Owner (please print)

Signature

Date