



Kingdom Paws Hotel New Pet Application

All pets MUST be at least 3 months (14 weeks), friendly with people, have no bite history, free of ticks/ fleas, in good health, and are up to date on all vaccinations. Be prepared to upload a picture of your pet and proof of the most recent required vaccinations.

1. PET PARENT INFORMATION

First and Last Name: _____

E-Mail: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: +1 _____ Cell Phone: +1 _____

Additional Pet Parent's Name (if applicable): _____

Additional Pet Parent's Contact: Phone: +1 _____

2. EMERGENCY CONTACT Must be able to pick up your pet and/or act on your behalf in case of an emergency during your pet's stay.

First and Last Name: _____

Relationship: _____

Home Phone: +1 _____ Cell Phone: +1 _____

3. VETERINARIAN INFORMATION

Veterinarian Hospital Name: _____

City: _____ State: _____ Zip Code: _____

Phone: +1 _____



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4. PET INFORMATION

☐Cat ☐Dog

Pet's Name: _____

Pet's Date of Birth: _____ Pet's weight: _____

Breed: _____

Your pet is a: ☐Female ☐Male

Is your pet spayed or neutered? ☐Yes ☐No

Does your pet have any allergies? ☐Yes ☐No

If your pet has allergies, please describe:

Do we need to administer any medication to your pet during their stay? We are happy to administer your dog's medication, free of charge. However, we do not give any injected medications. ☐Yes ☐No

Is your pet friendly with animals of the same species? ☐Yes ☐No

Does your pet show signs of aggression towards other people? ☐Yes ☐No

Has your pet ever growled or bitten a person? ☐Yes ☐No

Can food items and toys be taken away from your pet without him/her growling or biting/nipping? ☐Yes ☐No

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Pet Parent Signature: _____ Date: _____

Pet Parent Comments: