

# CLIENT INFORMATION

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (home) \_\_\_\_\_

Phone: (work) \_\_\_\_\_ Cell: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Please list below any authorized person(s) allowed to pickup your pet.

\_\_\_\_\_  
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## *PET INFORMATION:*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_ Spayed/Neutered: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_ Spayed/Neutered: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_ Spayed/Neutered: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_ Spayed/Neutered: Yes: \_\_\_\_\_ No: \_\_\_\_\_

## *Veterinarian Information:*

Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_

Vet's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Please fax your pet's latest shot records: All pets boarding and/or participating in the doggy day care program must meet the vaccinations protocols established by AAHA (American Animal Hospital Association) utilized by all vet clinics.

1. Does your pet(s) have thunder phobia? Yes/No
2. Does your pet(s) have hip dysphasia? Yes/No
3. Does your pet(s) climb/jump fences? Yes/No
4. Does your pet(s) require special food? Yes/No
5. Does your pet(s) require medication? Yes/No
6. Has your pet(s) ever bitten anyone? Yes/No
7. Can kennel treats be given? Yes/No
8. Do you want your pet(s) bathed or groomed @ an additional cost during their stay? Yes/No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(emailing the above information constitutes authorization/acknowledgment)