

New Client Information Sheet

Pet Parent Information:

Name(s):					_
Address:	City:	St	ate:	Zip:	
Home Phone:		Cell Phone:			_
Work Phone:		Email Address: _			_
PLEASE PRO	VIDE YOUR EMAI	L ADDRESS FOR SPECIA	AL DEALS AN	D DISCOUNTS	S
Pet Information: (use additiona	I sheet if necess	ary)			
1. Name:		Dog/Cat/Other:			
Breed:		Sex:	Co	olor:	
Birth Date/Age:	Spayed/	Spayed/Neutered:			
Emergency Contact: ***Mando Name: Veterinarian:	• • • • • • • • • • • • • • • • • • • •				
Vet Name and/or Hospital:	Phone:				
Additional Services: (Please <u>C</u>	RCLE any addi	tional services you wo	ould like for y	our pet's sta	y with us)
Nature Walk (\$9)	ne Playtime (\$9)	Playtime (\$9) Cuddle and Brushtime (\$9)			
Private Exercise (\$9)	Daycare	with Boarding (\$14)			
	Bath & Groor	ming Pricing: Ask foi	r Pricing		
n	oa Trainina (sub	ect to class or individ	ual schedule	26)	
Important Notes We Should Kno				-	
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(STAFF USE ONLY)					
DATES: From to _		Kennel (circle)	Standard	Luxury	Cat
Vaccinations: Rabies (1yr/3yr)_		DHLPP/FVRCP	E	Bordetella	
(Circle) Pet Lodge Food OR (Own Food Feed	ding Instructions		Medication	S
		Grooming Pick Up Time:			AM/PM