



New Client Information Sheet

Pet Parent Information:

Name(s): _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email Address: _____

*****PLEASE PROVIDE YOUR EMAIL ADDRESS FOR SPECIAL DEALS AND DISCOUNTS*****

Pet Information: (use additional sheet if necessary)

1. Name: _____ Dog/Cat/Other: _____
Breed: _____ Sex: _____ Color: _____
Birth Date/Age: _____ Spayed/Neutered: _____

Emergency Contact: *Mandatory*** (In case we cannot get in touch with you)**

Name: _____ Phone: _____

Veterinarian:

Vet Name and/or Hospital: _____ Phone: _____

Additional Services: (Please CIRCLE any additional services you would like for your pet's stay with us)

Nature Walk (\$10) One on One Playtime (\$10) Cuddle and Brushtime (\$10)

Private Exercise (\$10) Daycare with Boarding (\$15) Nail Trim (\$14)

Bath \$20 under 25lbs, \$25 = 25-50lbs, \$30 = 50-90lbs, \$45 = over 90lbs Complete Grooming (ask for pricing)

Dog Training (subject to class or individual schedules)

Important Notes We Should Know about the Care of Your Pet: _____

(STAFF USE ONLY)

DATES: From _____ to _____ **Kennel (circle)** Standard Luxury Cat

Vaccinations: Rabies (1yr/3yr) _____ DHLPP/FVRCP _____ Bordetella _____

(Circle) Pet Lodge Food OR Own Food Feeding Instructions _____ Medications _____

Grooming Pick Up Time: _____ AM/PM