

# COZY CANINE NEW CUSTOMER RESERVATION FORM

Owner's Name: \_\_\_\_\_ Home Ph#: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Number we can contact you directly  
in case of an emergency: \_\_\_\_\_

Do you have an alternate contact? \_\_\_\_\_

How did you hear about Cozy Canine? \_\_\_\_\_

## Pet Information

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Gender: Male  Female

Spayed  Neutered  Neither  Current Weight: \_\_\_\_\_

Brand of Food (Required)\* \_\_\_\_\_

Circle One: Feed AM and PM  Feed AM only  Feed PM only

How many cups per meal? (Required)\* \_\_\_\_\_

Veterinarian Name and Phone #: \_\_\_\_\_

Does your pet have any behavioral challenges?

Likes to dig  Climbs/jumps fences  Shown aggression towards other dogs

Has bitten another dog/may bite  Has bitten a person/may bite  Chews bedding

Does your pet have any medical issues? \_\_\_\_\_

\_\_\_\_\_ Any medications? \_\_\_\_\_

If yes, how do you administer? \_\_\_\_\_

Miscellaneous Information: \_\_\_\_\_