



New Client Form

Owner: Last Name		First	Date :	
Address				
City, State, zip				
Home Phone	Cell	E mail		
Work phone	Emergency contact name & phone			
Vet Name (& number if out of area)				
How did you hear about us ?				
Do you keep your pets on flea/tic prevention program? Yes No				
1. Pet(s) Name(s)	Breed	M F	Age	Spayed / Neutered / NO
2. Pet(s) Name(s)	Breed	M F	Age	Spayed / Neutered / NO
3. Pet(s) Name(s)	Breed	M F	Age	Spayed / Neutered / NO
Does your pet have allergies? No Yes If yes please list to what?				
Does your pet typically have firm stool?		Is your pet typically a good eater?		
Does your Pet have any medical conditions or injuries? No Yes if yes please explain				
Has your pet ever bitten a human? No Yes if yes please explain				
Does your pet have areas of the body that are sensitive to touch?				
Has your pet ever been protective over his/her?		Bones?	Bed?	
Food ?	Toys?			
Has your dog ever bitten another dog? No Yes please explain:				
Is your dog reactive with other dogs when on a leash? Yes No				
The undersigned Guardian here by warrants and represents that the information provided on this form is true and correct and that no information has been omitted that may materially change North Main Pet Lodge 's acceptance of my dog for daycare, boarding or bathing.				
Signature :			Date:	