Chenal Pet Palace Feline Friend

Welcome to Chenal Pet Palace! Please fill out this information sheet, so that we can better serve our guests here at the Palace. Your pet is in for the Royal Treatment!

Your Name _____

Street Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Email _____

Veterinarian Clinic _____ Location _____Phone # _____

Responsible Party on Your Account (this is who else is authorized to pick up and/or play with your pet(s) and/or make payments towards Chenal Pet Palace) _____ In case of emergency, who do we contact? (other than your vet)_____
Phone # _____ How did you hear about us?
_____

Below is a questionnaire about your feline friend. If there is more than one pet in your household, please fill out individual information sheets for each one. Thanks!

Pets Name _____ Breed _____ Hair Color_____ Eye Color _____ Claws? Yes or No
Birthday/Age_____ Male or Female Altered? Yes or No Amount of Food Served at Feeding ___ Cup(s) Please Circle: AM and/or PM or Grazer Special Diet?
_____

How do you control Fleas & Ticks_____

Has your pet bitten another pet or human? _____ Any Medication(s)? _____ Time(s) of Day Given: AM and/or PM Characteristics of your Pet's Personality _____ Is it ok to have your pet interact with other guests? _____