



CUSTOMER FORM

Date:

How did you hear about Canine Resort?

Your Name

Phone Number

Dog Name

Breed

Street Address

City

State

Zip

Email:

Emergency Contact Name:

Emergency Contact Phone Number:

Please provide your veterinarian's information

Veterinarian/Practice Name:

Address:

Phone Number:

Does your dog have any allergies, medical issues, or special needs we should be aware of?

Services Requested:

☐

Daycare

☐

Grooming

☐

Boarding

☐

I do not want my dog to participate in group daycare during boarding.