



professional grooming • doggy day care/pet care • retail **join the club.**

**CARE TAKER INFORMATION:**

GENERAL

FIRST/LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TEXT/CELL EMAIL: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

SPOUSE/PARTNER NAME

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS (IF DIFFERENT)

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OTHERS AUTHORIZED TO PICK UP DOG: \_\_\_\_\_

VETERINARIAN INFORMATION

CLINIC NAME: \_\_\_\_\_

DOCTOR FIRST NAME: \_\_\_\_\_

DOCTOR LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PLEASE VERIFY DATES FOR FOLLOWING:

RABIES: \_\_\_\_\_ BORDATELLA: \_\_\_\_\_ FLEA PREVENTION: \_\_\_\_\_

DISTEMPER/PARVO: \_\_\_\_\_ FECAL TEST: \_\_\_\_\_ HEARTWORM: \_\_\_\_\_

SPAYED/NEUTERED:  YES  NO IF NO, WHEN IS IT SCHEDULED? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

I ACKNOWLEDGE ABOVE INFORMATION IS CORRECT:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE