



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