

New Client Info Sheet

Welcome to Pet City Resort!

OWNER'S INFORMATION

Date _____

Name _____ Spouse/Other _____

Address _____

City, State and Zip _____

Home Phone _____ Cell Phone _____

Email address _____

Place of Employment _____ Work Phone _____

Emergency Contact _____ Phone _____

How did you hear about us? _____

Veterinarian's Name _____ Phone _____

PET INFORMATION

Pet's Name _____ Date of Birth _____

Breed _____ Color _____

Male or Female _____ Spayed/Neutered Y N Weight _____

Any prior signs of aggression? (if yes please describe...for example: doesn't like men/women/children, cage protector, doesn't like his or her feet touched, food protector, etc) _____

Special Notes (allergies, illnesses, temperament, and anything else that will help us make your pets stay with use more "like home") _____

I agree to pay my balance either by cash, check or credit card on the day that I pick my pet(s) up from their stay at Pet City Resort. I understand that Pet City Resort does not bill and that I am responsible for the total amount due at the time of checkout.

Signature

Date