

Happy Tails Too!, LLC

Boarding Facility & Feed Store

New Client Form

Client #: _____

Date: _____

Client Name: _____

Spouse's Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Spouse's Cell Phone Number: _____

E-mail: _____

Happy Tails Too!, LLC
Bree Monte-Snyder CVT
1100 South Main Road
Mountain Top, Pa 18707
(570)868-5082

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Pet Registration Form

Client #: _____

Date: _____

Client Name: _____

Pet's Name: _____ Age: _____

Breed: _____ Gender: MN M FS F

Color: _____

Does your pet have any allergies? **YES / NO**

If YES, please list: _____

Does your pet have any diseases and/or illnesses that Happy Tails Too!, LLC should be made aware of? **YES / NO**

If YES, please list: _____

Is your pet on any medications and/or supplements? **YES / NO**

Will your pet be taking medication while boarding at Happy Tails Too!, LLC? **YES / NO**

Will your pet be eating his/her own food while boarding at Happy Tails Too!, LLC? **YES / NO**

What brand of dog food do you feed your pet? _____

How much and how often is your pet fed on a daily basis? _____

Does your pet require any type of EXTRA SPECIAL attention while boarding at Happy Tails Too!, LLC? **YES / NO**

If YES, please list: _____

Is your pet aggressive with food, dogs, children, or unfamiliar people? **YES / NO**

If YES, please list in detail: _____

Thank you for taking the time to fill out the required forms. I want to make sure that I have all of the needed information on your pet to ensure the safest & happiest boarding experience for your furry member of the family!

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