



## Owner Information

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Additional #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Vet: \_\_\_\_\_ Phone: \_\_\_\_\_

In the unlikely event of an injury or serious illness, your pet will be transported to an available vet. If your vet is unavailable for emergency treatment, your pet will be taken to the nearest emergency facility.

How did you hear about us? \_\_\_\_\_ Are you over 55 or in active military? \_\_\_\_\_

### I am interested in learning more about:

Daycare  One-on-One Times  Pool Time   
Grooming  Hygiene Brush-Out for Long Haired Dogs  Self-Service Baths

### Pet Information: Pet 1

Name \_\_\_\_\_ Breed \_\_\_\_\_  
Color \_\_\_\_\_ Age \_\_\_\_\_ Birthday: \_\_\_\_\_ Male Neutered: Yes \_\_\_ No \_\_\_  
Female Spayed: Yes \_\_\_ No \_\_\_ Does your pet have a food allergy? Yes \_\_\_ No \_\_\_

### Pet Information: Pet 2

Name \_\_\_\_\_ Breed \_\_\_\_\_  
Color \_\_\_\_\_ Age \_\_\_\_\_ Birthday: \_\_\_\_\_ Male Neutered: Yes \_\_\_ No \_\_\_  
Female Spayed: Yes \_\_\_ No \_\_\_ Does your pet have a food allergy? Yes \_\_\_ No \_\_\_

### Pet Information: Pet 3

Name \_\_\_\_\_ Breed \_\_\_\_\_  
Color \_\_\_\_\_ Age \_\_\_\_\_ Birthday: \_\_\_\_\_ Male Neutered: Yes \_\_\_ No \_\_\_  
Female Spayed: Yes \_\_\_ No \_\_\_ Does your pet have a food allergy? Yes \_\_\_ No \_\_\_

### Pet Information: Pet 4

Name \_\_\_\_\_ Breed \_\_\_\_\_  
Color \_\_\_\_\_ Age \_\_\_\_\_ Birthday: \_\_\_\_\_ Male Neutered: Yes \_\_\_ No \_\_\_  
Female Spayed: Yes \_\_\_ No \_\_\_ Does your pet have a food allergy? Yes \_\_\_ No \_\_\_

805.929.5825(LUCK)