



Additional Pet Enrollment Form

Owner(s) Info

Owner(s) Name _____

Phone # _____ Email _____

Dog/Cat Info:

Name _____ Breed _____ DOB/DOA _____

(circle one) **Male / Female** **Neutered / Spayed** Color _____

Veterinary Clinic _____ Vet Contact # _____

List any known allergies _____

Is your pet on any medications? **YES / NO** if yes please list: _____

Is your pet storm sensitive? **YES / NO**

Does your pet have any know idiosyncrasies/behavioral issues? **YES / NO** if yes, please explain

Has your pet had any injuries or needed medical attention in the last year? **YES / NO**

Is there anything else you would like us to know about your pet? _____

For Clients with dogs:

Is your dog allowed to play in the kiddy pools on hot days? **YES / NO**

Is your dog allowed to have high quality grain-free treats, besides their own? **YES / NO**

Does your dog: **DIG / JUMP / CLIMB / BITE**