

Initials: ____/ ____

New Client / Pet Profile



OWNER INFORMATION

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone Number: _____ / _____

Email: _____

How did you hear about us?: _____

EMERGENCY CONTACT:

Name: _____

Phone: _____

PET INFORMATION

My Pet is a Dog Cat Other _____ Male Neutered Female Spayed Type of suite Desired: _____

Pets Name: _____ Breed: _____ Wt: _____

Color: _____ Age: ____ Yrs. ____ months Birthday (if known): _____

PET DIET

I will provide my own food, name of food: _____ (labeled bagged per meal or day)

My pet will eat the gourmet cuisine, Fromm Gold (Duck, Chicken, & Lamb)

MEDICAL INFORMATION

Vet Clinic : _____ Phone: _____

Prior to arrival please have your veterinarian forward your pet's most current vaccination records. See vaccination requirements

Our fax number is 281-286-1414 or email to Reservations@ThePetPalace.net

Is your pet taking any medications on a continuous basis? Yes No

Please list with reason: _____

Any old or current injuries, or other medical concerns? Discharges Restricted Movements Limp

Diabetes Eye Proptosis Heart Disease Seizures Arthritis Hip Dysplasia Collapsed Trachea Bloat

If yes, Please explain: _____

Any allergies? Yes No If yes, symptoms: _____

PET BEHAVIOR

Has your pet: Growled at person Growled at dog Bit a person Bit another pet Been bitten

Please explain: _____

Describe your pets personality:

Outgoing Willing to share food Willing to share toys Barker Mouthy Exhibit destructive behavior

Afraid of men Climber/ Jumper Escape Artist Digger Dog Aggressive People Aggressive

Playful Mounts Likes water Submissive Known fears: _____

Situations where your pet may become unfriendly:

Grabbing Collar Petting Touching Paws Touching Ears Medicating Around other dogs

Touching Tail Touching while sleeping Toe Nail Clipping Other: _____

Has your pet boarded before? Yes No

If yes, please describe experience: _____