

New Client / Pet Profile



OWNER

Name: _____ / _____

Phone Number: _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

How did you hear about us?: _____

Opt into Texting? Circle number
Phone carrier: _____

PET 1 Dog Cat Male Neutered Spayed Female Type of suite Desired: _____

Name: _____ Breed: _____ Wt: _____

Color: _____ Age: _____ Yrs. _____ months Birthday (if known): _____
Pets over 7 require senior pet form

PET DIET

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

Can eat house gourmet, Fromm Gold (Duck, Chicken, & Lamb) no additional charge

PET 2 Dog Cat Male Neutered Spayed Female Stay with sibling? _____

Name: _____ Breed: _____ Wt: _____

Color: _____ Age: _____ Yrs. _____ months Birthday (if known): _____
Pets over 7 require senior pet form

PET DIET

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

Can eat house gourmet, Fromm Gold (Duck, Chicken, & Lamb) no additional charge

PET 3 Dog Cat Male Neutered Spayed Female Stay with sibling? _____

Name: _____ Breed: _____ Wt: _____

Color: _____ Age: _____ Yrs. _____ months Birthday (if known): _____
Pets over 7 require senior pet form

PET DIET

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

Can eat house gourmet, Fromm Gold (Duck, Chicken, & Lamb) no additional charge

MEDICAL

Vet Clinic : _____ Phone: _____

Vaccinations required to confirm reservations. See vaccine requirements. Vet to email to Reservations@ThePetPalace.net

Are any of your pets diabetic or have a history of seizure?

Please list: _____