

# Creekside Pet Hotel

## New Client Form

**Pet #1**

**Pet #2**

**Pet #3**

<b>Name</b>			
<b>Breed</b>			
<b>Date of Birth/ Approx. Age</b>			
<b>Color</b>			
<b>Sex</b>			
<b>Spayed/Neutered</b>			

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies? (i.e., wheat) \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Spouses #: \_\_\_\_\_

Email Address: \_\_\_\_\_ May we send pictures of your pet during their stay? Y / N

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pet's Primary Veterinarian: \_\_\_\_\_

How did you become aware of Creekside Pet Hotel? Drive-By/Billboard/Website/Facebook/Lives Nearby

Referral: \_\_\_\_\_ Other: \_\_\_\_\_

I assume all responsibility for all charges occurred in the care of these animals. I also understand that all services are to be paid for at the time of pick up.

Owner or responsible party: \_\_\_\_\_