

NEW HOPE BOARDING & GROOMING

We appreciate the opportunity to care for your pet

Date: _____

Owners Name _____ Co-Owner/Spouses Name _____

Address _____

City/State/Zip _____ E-Mail Address _____

Social Security# or Drivers License# _____ Co-Owner's SS# or DL# _____

Home Phone _____ Cell Phone _____

Employers Name & Address _____

Co-Owner/Spouses Employers Name & Address _____

Work Phone _____ Co-Owner/Spouses Work Phone _____

Pets Name _____ Nick Name _____

Dog _____ Cat _____ Male _____ Female _____ Neutered _____ Spayed _____

Date of Birth _____ Breed _____ Color _____

Name of Veterinarian _____ Date & Type of Previous Vaccinations _____

Previous Health Problems _____

Pet's Personal Habits What brand of food do you feed your pet? _____ Dry Canned

How frequently do you feed your pet? once a day twice a day three times a day free choice

Are table scraps given? yes no What type of treats do you give? _____

Water consumed daily: small amount moderate amount large amount Pet sleeps? Indoors Outdoors

Is your pet afraid of other dogs or cats? _____ Is your pet aggressive towards other dogs or cats? _____

Does your pet favor? Females Males no preference Favorite place to be scratched: _____

Is there a special cue word for your dog to go to the restroom? _____

Does your dog go to the restroom on the grass or on paper Can your dog climb a 6' fence? Yes No

Does your dog like to dig? Yes No

Would you like your pet to be in **Doggie Daycare** while Boarding (additional fees apply)? Yes No

Comments: _____

Referred by _____

All fees are due at the time services are rendered.

Signature of Owner _____

2nd Pet

Pets Name _____ Nick Name _____

Dog _____ Cat _____ Male _____ Female _____ Neutered _____ Spayed _____

Date of Birth _____ Breed _____ Color _____

Name of Veterinarian _____ Date & Type of Previous Vaccinations _____

Previous Health Problems _____

Pet's Personal Habits What brand of food do you feed your pet? _____ Dry Canned How frequently do you feed your pet? once a day twice a day three times a day free choice Are table scraps given? yes no What type of treats do you give? _____Water consumed daily: small amount moderate amount large amount Pet sleeps? Indoors Outdoors

Is your pet afraid of other dogs or cats? _____ Is your pet aggressive towards other dogs or cats? _____

Does your pet favor? Females Males no preference Favorite place to be scratched: _____

Is there a special cue word for your dog to go to the restroom? _____

Does your dog go to the restroom on the grass or on paper Can your dog climb a 6' fence? Yes No Does your dog like to dig? Yes No **3rd Pet**

Pets Name _____ Nick Name _____

Dog _____ Cat _____ Male _____ Female _____ Neutered _____ Spayed _____

Date of Birth _____ Breed _____ Color _____

Name of Veterinarian _____ Date & Type of Previous Vaccinations _____

Previous Health Problems _____

Pet's Personal Habits What brand of food do you feed your pet? _____ Dry Canned How frequently do you feed your pet? once a day twice a day three times a day free choice Are table scraps given? yes no What type of treats do you give? _____Water consumed daily: small amount moderate amount large amount Pet sleeps? Indoors Outdoors

Is your pet afraid of other dogs or cats? _____ Is your pet aggressive towards other dogs or cats? _____

Does your pet favor? Females Males no preference Favorite place to be scratched: _____

Is there a special cue word for your dog to go to the restroom? _____

Does your dog go to the restroom on the grass or on paper Can your dog climb a 6' fence? Yes No Does your dog like to dig? Yes No