

Preppy Pet New Client Form

Pet Boarding _____ Doggie Daycare _____ Grooming/Bath Only _____

Owners / Guardians Name

Street Address _____ City _____ State _____

Zip _____ Email _____

Phone # _____ Cell # _____ Emergency # _____

Veterinarian _____ Dr. _____ Phone # _____

#1. Pets Name _____ #2. Pets Name _____

Breed _____ M/F Breed _____ M/F

Age _____ Weight _____ Spayed / Neutered Age _____ Weight _____ Spayed / Neutered
Color _____ Color _____

Medication _____ Medication _____

Allergies _____ Allergies _____

Behavior info _____ Behavior info _____

#3. Pets Name _____ # 4. Pet's Name _____

Breed _____ M/F Breed _____ M/F

Age _____ Weight _____ Spayed / Neutered Age _____ Weight _____ Spayed / Neutered
Color _____ Color _____

Medication _____ Medication _____

Allergies _____ Allergies _____

Behavior info _____ Behavior info _____

Check in date _____ Time _____ am / pm

Check out date _____ Time _____ am / pm

Accommodations Super Suite X Large Suite Large Suite Med Large Suite
Large Mini Small Mini Cat Condo
Pet # Listed Above 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4

Sharing suite for pet # 2 3 4 Pets 2 thru 4 in same family can share at 1/2(50%) of suite rate if size permits)

Exercise Indoor Play Supervised per 1 hr play No Play
Programs 1 2 3 4 1 ___ea 2 ___ea 3 ___ea 4 ___ea 1 2 3 4

I want departure spa bath for dog(s) # 1 2 3 4 (Special discounts for 2 or more nights stay)

I want full grooming for dog(s) # 1 2 3 4

Are the pet(s) currently on a flea treatment? Yes / No Are any fleas currently on pet(s)? Yes / No
Medication required for 1 2 3 4 _____ Feeding AM / PM 1 ___ 2 ___ 3 ___ 4 ___ cups

Current shot records - Bring in _____ Fax from Vet _____ On File at Preppy Pet Location _____
Required records before boarding or daycare for dogs Rabies, Bordatella DHLPP and for cats Rabies, FRVCP

By signing below, I agree to the above information and will update my records on any changes on future visits.

Signature _____ Date _____

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