



CLIENT & PET PROFILE

OWNER INFORMATION

Name: _____ Cell: _____

Alt Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact

Name: _____ Relation: _____

Phone: _____ Email: _____

Address: _____

PET INFORMATION

Name: _____ Breed: _____

Color: _____ Age: _____ Birthday (mm/dd/yyyy): _____ Weight: _____ pounds

Gender: Male _____ Female _____ Spayed or Neutered: Yes _____ No _____

Medical Information

Veterinarian Name _____ Phone _____

Address _____ Email _____

Does your pet have any allergies? Yes _____ No _____

Please explain: _____

Does your pet have any old or current injuries or health condition? Yes _____ No _____

Please explain: _____

Is your pet taking any medication(s)? Yes _____ No _____

List medication(s) and reason: _____

Are there restrictions on your pet's movement? Yes _____ No _____

Please explain: _____

Does your pet have any of the following conditions?

Diabetes _____ Heart Disease _____ Seizures _____ Arthritis _____

Owner's Initials: _____



CLIENT & PET PROFILE

Pet Behavior

Have you boarded your pet before? Yes _____ No _____

Do you have any concerns about cage less daycare/boarding that we can address? _____

Has your dog ever exhibited aggressive behavior with other dogs or humans? Yes _____ No _____

Please explain _____

Is your pet possessive with toys or food with humans or other dogs? Yes _____ No _____

Please explain _____

Is your pet house trained? Yes _____ No _____

Is your pet afraid of any specific items: loud noises, thunder, people, other dogs/animals? Yes _____ No _____

Please explain _____

Check all that describe your pet's personality: Outgoing _____ Verbally Sensitive _____ Reserved _____

Aggressive _____ Protective _____ Chewer _____ Excitable _____ Fence Jumper _____ Playful _____

Describe your pet's activity level Low _____ Medium _____ High _____

Check situations where your pet may become unfriendly: Grabbing Collar _____ Around other dogs _____

Touching Paws _____ Touching Ears _____ Touching Tail _____ Touching while sleeping _____ Petting _____

Credit Card Information

Card Type (circle): Visa Master Card American Express Discover

Card Number: _____ Expiration Date (mm/yy): _____ / _____

Name on Card: _____ CVV: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I, _____, hereby authorize Pet Lounge LLC, to charge the credit card indicated herein for any of the following: (a) any outstanding or unpaid balances, which remain unpaid; (b) any emergency medical care that is required at the sole discretion of Pet Lounge; (c) any additional services provided to the Canine in connection with the services requested by Owner.

Signature: _____ Date: _____

Owner's Initials: _____