

DIAMOND PET RESORT

Client and Pet Information



(Please Print)

CLIENT INFORMATION	DATE:	2010
Owner: _____ Spouse/Co-Owner: _____		
Address: _____ City/State: _____ Zip: _____		
Home Phone: (_____) _____ Work Phone: (_____) _____		
Cell Phone: (_____) _____ Cell Phone: (_____) _____		
Email address: _____		
EMERGENCY CONTACT: _____ Phone: (_____) _____		
Veterinarian Office: _____		

PET INFORMATION
(1) Pet's Name _____ Breed _____ Color _____ <i>CIRCLE:</i> Dog / Cat Male / Female Neutered / Spayed Birthday _____ Weight _____ Any health or behavior issues?: _____ Flea/Tick Control? YES NO Has pet ever been boarded? YES NO Has pet ever bitten anyone? YES NO If YES, explain circumstances: _____
(2) Pet's Name _____ Breed _____ Color _____ <i>CIRCLE:</i> Dog / Cat Male / Female Neutered / Spayed Birthday _____ Weight _____ Any health or behavior issues?: _____ Flea/Tick Control? YES NO Has pet ever been boarded? YES NO Has pet ever bitten anyone? YES NO If YES, explain circumstances: _____
(3) Pet's Name _____ Breed _____ Color _____ <i>CIRCLE:</i> Dog / Cat Male / Female Neutered / Spayed Birthday _____ Weight _____ Any health or behavior issues?: _____ Flea/Tick Control? YES NO Has pet ever been boarded? YES NO Has pet ever bitten anyone? YES NO If YES, explain circumstances: _____

How did you hear about Diamond Pet Resort? _____

Thank you!