

medical attention for your pet if needed.

Signature: _

New Client Registration Form

Name:					Date:			
Address:			Ci	ty:		State: _	ZIP:	
Phone#: Work Phone#:					Ce	ll Phone#:		
Email Address:								
Emergency Contact Name ar	າd Phone#:							
Veterinarian / Clinic:							Items Brought:	
PET(S) NAME	BREED			OF BIRTH		FIXED?	1	
1						YES NO	2	
2						YES NO		
3						YES NO	3	
4.						YES NO	4	
J					M F	YES NO		
Feeding Instructions:		⊣	ation I	nstructio	ns:—		5	
							6	
							0	
							7	
							8	
							0	
							9	
							10	
Select any of the following services you would like: Bath: Ask for price estimate Nail Trim: \$7.00 Nail Dremel: \$10.00 TV in Room: \$2.00 each day				a change w	ithout beir	ng responsible	ning date of reservation to make for the entire reservation. the time you write down.	
When are you picking up you				_	=	s chargeinitia		
	Time:							
Can your pet participate in play time with other pets?					-			
Has your pet ever growled at or bitten another person or pet?					•			
Are there any body parts that your pet does not like being touched?								
Any new or existing health issues (surgery, sickness, growth, etc.)?								
Does your pet have any aller	gies?		YES	NO W	hat?			
What brand of pet food do y	ou feed and specific flav	vor (beef, chicke	en, lamb	& rice, etc.)?			
Is your pet on any flea contro How did you hear about us? Who is authorized to pick up						e for a flea sh	ampoo.)	
Caroline's Pampered Pet Motel, Caro bill occurs for your pet, we will be re enjoyable as possible, there is alwa	eimbursed for that amount p	lus transportation /	labor fees	s. While we do	our best to	take excellent	care and make the pets stay with u	

at time of drop-off.

Caroline's Pampered Pet Motel | New Client Registration Form | REV IV 16MAY18

Payment is requested