

Poochie's Pampered Pups

Client Form

Your Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone:  
(H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail  
address: \_\_\_\_\_

Vet Information:

Emergency Contact (other than vet):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell: \_\_\_\_\_

Dog's name, breed and age (please include their birthday):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical History:

\_\_\_\_\_  
\_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

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Price Per day : \_\_\_\_\_ Weekly Rate: \_\_\_\_\_ Monthly  
Rate: \_\_\_\_\_

Additional Dog(s) Discount: \_\_\_\_\_

Is your dog allowed to have biscuits? Yes: \_\_\_\_\_ No: \_\_\_\_\_

As owner of the above said pet(s), I hereby give consent for emergency medical care as prescribed by a duly license veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my pet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_