



Customer Information Form

First Name _____ Last Name _____

Spouse/Relative that can also pick up? _____ Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Cell Phone _____ May we text you? _____

Emergency Contact (someone not traveling with you) _____

Relationship _____ Phone _____

Veterinarian _____ Vet Phone _____



Pet 1 Name _____ Dog Cat _____ Birth Date _____

Breed _____ Weight _____ Kennel Size: Small Medium Large

Sex: Male Female Neutered/Spayed: Yes No

Feeding: (circle one) Client Provided Food _____ Kennel Provided Food _____

Morning Quantity (in cups) _____ Afternoon Quantity (in cups) _____

Can your pet be given treats? _____

Medication _____ Quantity _____

Medication _____ Quantity _____

Check any that apply to your pet:

- | | | |
|--|---|--|
| <input type="checkbox"/> Timid/Nervous | <input type="checkbox"/> Jumps Fence | <input type="checkbox"/> Loves to Cuddle |
| <input type="checkbox"/> Bites/Nips | <input type="checkbox"/> Climbs Fence | <input type="checkbox"/> Loves to Play Fetch |
| <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> Digs under Fence | <input type="checkbox"/> Scared of Storms |

Please share anything else we should know about your pet: _____

Pet 2 Name _____ Dog Cat Birth Date _____

Breed _____ Weight _____ Kennel Size: Small Medium Large

Sex: Male Female Neutered/Spayed: Yes No

Feeding: (circle one) Client Provided Food Kennel Provided Food

Morning Quantity (in cups) _____ Afternoon Quantity (in cups) _____

Can your pet be given treats?

Medication _____ Quantity _____

Medication _____ Quantity _____

Check any that apply to your pet:

- | | | |
|--|---|--|
| <input type="checkbox"/> Timid/Nervous | <input type="checkbox"/> Jumps Fence | <input type="checkbox"/> Loves to Cuddle |
| <input type="checkbox"/> Bites/Nips | <input type="checkbox"/> Climbs Fence | <input type="checkbox"/> Loves to Play Fetch |
| <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> Digs under Fence | <input type="checkbox"/> Scared of Storms |

Please share anything else we should know about your pet:



Pet 3 Name _____ Dog Cat Birth Date _____

Breed _____ Weight _____ Kennel Size: Small Medium Large

Sex: Male Female Neutered/Spayed: Yes No

Feeding: (circle one) Client Provided Food Kennel Provided Food

Morning Quantity (in cups) _____ Afternoon Quantity (in cups) _____

Can your pet be given treats?

Medication _____ Quantity _____

Medication _____ Quantity _____

Check any that apply to your pet:

- | | | |
|--|---|--|
| <input type="checkbox"/> Timid/Nervous | <input type="checkbox"/> Jumps Fence | <input type="checkbox"/> Loves to Cuddle |
| <input type="checkbox"/> Bites/Nips | <input type="checkbox"/> Climbs Fence | <input type="checkbox"/> Loves to Play Fetch |
| <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> Digs under Fence | <input type="checkbox"/> Scared of Storms |

Please share anything else we should know about your pet: