

## New Client/Client Changes & Pet Registration

### **Personal Information:**

Your Name \_\_\_\_\_ Date \_\_\_\_\_  
Additional name(s) on the account \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of employment \_\_\_\_\_ Work Number \_\_\_\_\_  
D.O.B. \_\_\_\_\_ Driver's License # \_\_\_\_\_ (required to accept personal checks)  
E-Mail Address (we can notify you of upcoming events) \_\_\_\_\_  
Emergency Contact Name & Number \_\_\_\_\_

How did you become aware of the resort?

Yellow Pages \_\_\_ Resort Sign \_\_\_ Internet \_\_\_ Other \_\_\_\_\_

Personal Recommendation - Whom may we thank? \_\_\_\_\_

### **Pet Information:**

Name \_\_\_\_\_ Male-Neutered Female-Spayed  
Breed \_\_\_\_\_ Color/Markings \_\_\_\_\_  
D.O.B. or Approximate Age \_\_\_\_\_  
Special past history:  
\_\_\_\_\_

Any long term medications your pet is taking?  
\_\_\_\_\_

Any allergies? Y/N If yes, describe \_\_\_\_\_

Name/Location of veterinarian \_\_\_\_\_

### **Pet Information:**

Name \_\_\_\_\_ Male-Neutered Female-Spayed  
Breed \_\_\_\_\_ Color/Markings \_\_\_\_\_  
D.O.B. or Approximate Age \_\_\_\_\_  
Special past history:  
\_\_\_\_\_

Any long term medications your pet is taking?  
\_\_\_\_\_

Any allergies? Y/N If yes, describe \_\_\_\_\_

Name/Location of veterinarian \_\_\_\_\_

Additional pets? Let us know and we'll make more space for you.