



# New Client / Pet Profile

## EMERGENCY CONTACT:

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

Phone: \_\_\_\_\_

Location you will be staying

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

Phone: \_\_\_\_\_

## OWNER INFORMATION

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

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

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

Phone Number: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

## PET INFORMATION

Male  Neutered Type of suite Desired: \_\_\_\_\_

Female  Spayed \_\_\_\_\_

My Pet is a  Dog  Cat  Other \_\_\_\_\_

Pets Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Wt: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs. \_\_\_\_\_ months Birthday (if known): \_\_\_\_\_

## PET DIET

I will provide my own food, name of food: \_\_\_\_\_ (labeled bagged per meal or day)

My pet will eat the gourmet cuisine, Fromm Gold (Duck, Chicken, & Lamb)

## MEDICAL INFORMATION

Vet Clinic : \_\_\_\_\_ Phone: \_\_\_\_\_

*Prior to arrival please have your veterinarian forward your pet's most current vaccination records. See vaccination requirements*

*Our fax number is 281-286-1414 or email to [Reservations@ThePetPalace.net](mailto:Reservations@ThePetPalace.net)*

Is your pet taking any medications on a continuous basis?  Yes  No

Please list with reason: \_\_\_\_\_

Any old or current injuries, or other medical concerns?  Discharges  Restricted Movements  Limp

Diabetes  Eye Proptosis  Heart Disease  Seizures  Arthritis  Hip Dysplasia  Collapsed Trachea  Bloat

If yes, Please explain: \_\_\_\_\_

Any allergies?  Yes  No If yes, symptoms: \_\_\_\_\_

## PET BEHAVIOR

Has your pet:  Growled at person  Growled at dog  Bit a person  Bit another pet  Been bitten

Please explain: \_\_\_\_\_

Describe your pets personality:

Outgoing  Willing to share food  Willing to share toys  Barker  Mouthy  Exhibit destructive behavior

Afraid of men  Climber/ Jumper  Escape Artist  Digger  Dog Aggressive  People Aggressive

Playful  Mounts  Likes water  Submissive  Known fears: \_\_\_\_\_

Situations where your pet may become unfriendly:

Grabbing Collar  Petting  Touching Paws  Touching Ears  Medicating  Around other dogs

Touching Tail  Touching while sleeping  Toe Nail Clipping  Other: \_\_\_\_\_

Has your pet boarded before?  Yes  No

If yes, please describe experience: \_\_\_\_\_