

New Tampa Pet Resort Guest Enrollment Form

How did you hear about NTPR?

Newspaper/publication: _____ Internet: _____ Drove By: _____ Other: _____

Veterinarian: Vet Clinic Name _____

Existing Customer: Parent's/Pets Name _____

(Thank you for your referral. NTPR will give your family/friend a \$10 credit toward their next service of choice-boarding, daycare or grooming with NTPR).

Parents Information:

Owner's Name: Last _____ First _____

Co-Owners Name: Last _____ First _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact/Number (other than yourself or those traveling with you): _____

Email Address*: _____

*Please allow us to keep you informed by opting in to our email Newsletter: YES _____ No _____

Please list the name(s) of individual(s) who DO have permission to pick up your pets, other than the name listed above: _____

List the name(s) of anyone who does NOT have permission to pick up your pets: _____

Guest Information: (if you have multiple pets, please fill out a form for each.)

Please Circle: Dog Cat Other: _____

Name: _____ Breed: _____

Weight: _____ Color: _____ Age: _____ Birthday: _____

Sex: Male: _____ Neutered: Yes _____ No _____ Female: _____ Spayed: Yes _____ No _____ If not, when? _____

Behaviors/Sensitivities: (ie. toy aggressive, separation anxiety, high energy, fear of thunder , etc.)

Does your dog interact well with – Strangers: Yes _____ No _____ Other dogs: Yes _____ No _____ Explain, if no: _____

Has your pet ever bitten anyone? Yes _____ No _____ Explain if yes: _____

Where did you obtain your pet from?: _____

Feeding:

Dry: Brand _____ Quantity: _____ Times fed: AM _____ MID _____ PM _____

Canned: Brand _____ Quantity: _____ Times fed: AM _____ MID _____ PM _____

Treats: Brands _____ Quantity: _____ Times: _____

Food allergies? Yes _____ No _____ If yes, what? _____

Special instructions (if any): _____

Eating Habits (if any, ie food aggression, picky eater, special food, etc.): _____

Does your pet need to be separated from a Sibling at feeding time?: Yes _____ No _____

Medical Information:

Veterinarian Clinic: _____ **Dr:** _____

Vet Clinic phone: _____ Fax: _____

Vet Clinic address: _____

Vaccinations: is proof provided from your vet and attached?: Yes _____ No _____

If exempt why? _____

Is a letter from your vet provided and attached? Yes _____ No _____

Flea/Tick/Heartworm prevention: Yes _____ No _____ Brand: _____

Does your pet have any significant medical history? **Please Describe:** (ie deaf, arthritis, seizures, heart issues, etc.) _____

Anything contagious/parasitic: Yes _____ No _____

If yes what?: _____

Treatment: _____

Any know allergies: (ie food, grass, etc..) Yes _____ No _____

If yes what?: _____

Medications: Please list