



Guest Application

Owner Information

First Name: _____ Last Name: _____
Spouse's Name: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Number: _____ Work Number: _____
Cell Number: _____ Additional Cell Number: _____
Email Address: _____ (For appointment reminders & promotions)

How were you referred to us (please circle): Phone Book Sign Ad Employee Client Web Vet Other
Please explain: _____

Emergency Contact Information

Please be sure to list someone you trust to make decisions in case of an emergency. Please be sure this person is aware you listed them on this form.

First Name: _____ Last Name: _____
Home Number: _____ Work/Cell Number: _____
Please indicate anyone else who is permitted to pickup your pet: _____

Guest Information

Pet's Name: _____ Feline / Canine Breed: _____
Color/Markings: _____ Birth Date: _____
Weight: _____ Male/Female Spayed/Neutered If not spayed, date of last cycle? _____
List any PAST or PRESENT Illnesses/Surgeries/Injuries/Allergies: _____

Medical History

It is the owner's responsibility to provide accurate proof of current vaccinations and/or negative fecal result. This information is required to be on file with Pampered Pet Resort and Spa for any and all services we provide.

Veterinary Clinic Name: _____ Phone Number: _____



3324 Rte 37 East
Toms River, NJ 08753
732-286-4200
Fax 732-286-4292

Personality Evaluation

Please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Friendly w/ other dogs | <input type="checkbox"/> Shows teeth when playing | <input type="checkbox"/> Can Climb/Jump over fences (6 ft or more) |
| <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Jumps on people/dogs | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Shy around strangers | <input type="checkbox"/> Shares Toys | <input type="checkbox"/> Goes to dog parks/beaches |
| <input type="checkbox"/> Afraid of lightening/thunder | <input type="checkbox"/> Protective of toys | |
| <input type="checkbox"/> Afraid of loud noises | <input type="checkbox"/> Protective of food | |
| <input type="checkbox"/> Barks/Growls while playing | <input type="checkbox"/> Mouthy/nibbles on you | |

Has your dog EVER tried to escape from your house or yard? Yes/No

If yes, please explain: _____

Has your dog EVER shown signs of aggression? Yes/No

If yes, please explain: _____

If your dog is afraid of lightening, thunder or loud noises,

What is his/her reaction: _____

Is your dog sensitive to touch on ANY area of his/her body? Yes/No

If yes, please explain his/her reaction: _____

If your dog has a bathroom command, what is it: _____

Has your dog shown signs of separation anxiety? Yes/No

If yes, please explain his/her reaction: _____

By signing the following I acknowledge that I have explained all known health conditions, both physical and mental, of my pet to the evaluator at The Pampered Pet Resort and Spa.

X _____ Date: _____

Below is for Guest Services Use only

Dog's reaction to Guest Services Employee?	Afraid	Aggressive	Social
Dog's reaction to other dogs?	Afraid	Aggressive	Social

Approval / Disapproval

Evaluator _____

Guest Services Employee _____

Management _____

Guest Services Employee Comments/Special Instructions: _____
