

UNLEASHED and lovin' it!

2019/2020 Updated Client Information

| CLIENT INFORMATION | | | |
|--|-------|--|--|
| Client Name: | | | |
| Additional Client Name: | | | |
| Address: | | | |
| | | | |
| City: | | Zip Code: | |
| Cell Phone #1: | | May we add you to our text alerts, news & updates list? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: | | | |
| Cell Phone #2: | | May we add you to our text alerts, news & updates list? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: | | | |
| Home Phone: | | Work Phone: | |
| | | Employer: | |
| E-mail Address: | | | |
| May we add you to our mailing list? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| EMERGENCY CONTACT INFORMATION (other than listed above) | | | |
| Name: | | Relationship: | |
| Home: | Work: | Cell: | |
| Who besides yourself is authorized to pick-up your pet(s)? | | | |
| 1: Name: | | | |
| Relationship: | | Phone: | |
| 2: Name: | | | |
| Relationship: | | Phone: | |
| 3: Name: | | | |
| Relationship: | | Phone: | |
| COMMUNICATION | | | |
| Under what circumstances would you like to be contacted during your dogs stay? | | | |
| <input type="checkbox"/> Behavior change <input type="checkbox"/> Not Eating <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea | | | |
| <input type="checkbox"/> Scratch <input type="checkbox"/> Small wound <input type="checkbox"/> Fight without Injury <input type="checkbox"/> Fight with Injury | | | |
| Would you prefer... <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> Email | | | |