

HOMETOWN PET RESORT

Registration/Application

These forms must be completed in full, signed, dated and approved prior to pet's first visit.

Date _____ Approved by _____

Approval Date _____

PET INFORMATION:

___ Dog ___ Cat

Name: _____

Breed: _____

Sex: ___ Male ___ Female

Colors: _____

Age: _____ Birthdate (Year): _____

Microchip# _____

City License: _____

Tattoo: _____

OWNER INFORMATION:

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

EMERGENCY INFORMATION:

Emergency Name: _____ Phone: _____ Work: _____ Cell

Primary Veterinary Clinic: _____ Clinic Phone: _____

Clinic Address: _____

VACCINATIONS:

All pets must have all vaccinations up to date. Owners must submit written proof of all current vaccinations including Kennel Cough. We require attendees to be on a flea/tick/lice regimen.