



VILLAGE PET SPA REGISTRATION

(PLEASE PRINT LEGIBLY)

OWNER INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Local# (_____) _____ Cell# (_____) _____

E-mail: _____

*Emergency Contact: _____

Emergency Phone: Local# (_____) _____ Cell# (_____) _____

VETERINARIAN INFORMATION:

Clinic/Doctor's Name: _____ Phone# (_____) _____

PET #1 INFORMATION:

Name: _____

Breed: _____

Please circle: Dog or Cat **Sex:** Male or Female **Spayed/Neutered:** YES or NO

Color: _____ Weight: _____ Birthdate or Age: _____

Health Conditions: _____

PET #2 INFORMATION:

Name: _____

Breed: _____

Please circle: Dog or Cat **Sex:** Male or Female **Spayed/Neutered:** YES or NO

Color: _____ Weight: _____ Birthdate or Age: _____

Health Conditions: _____

PET #3 INFORMATION:

*Emergency Contact required for boarding and grooming services.

*Proof of current Canine Rabies, Distemper, and Bordetella / Feline Rabies and Distemper required for all services.



Name: _____

Breed: _____

Please circle: Dog or Cat **Sex:** Male or Female **Spayed/Neutered:** YES or NO

Color: _____ Weight: _____ Birthdate or Age: _____

Health Conditions:

PET #3 INFORMATION:

Name: _____

Breed: _____

Please circle: Dog or Cat **Sex:** Male or Female **Spayed/Neutered:** YES or NO

Color: _____ Weight: _____ Birthdate or Age: _____

Health Conditions:

*Emergency Contact required for boarding and grooming services.

*Proof of current Canine Rabies, Distemper, and Bordetella / Feline Rabies and Distemper required for all services.