



STAFF USE ONLY Received by: staff initials	Payment?	Form Entered in GINGR (date / time) by Initials
Vaccinations Checked:	Service?	

Client Information Form

We look forward to getting to know you and your pets. Please fill out our new client form to the best of your ability.
Client Agreements & Waivers for specific services provided separately.

Owner Information		
First Name	Last Name	*How did you hear about us? (circle)
*Mobile Phone	Receive Text (SMS) Messages? (check) <input type="checkbox"/>	Drove By Existing Customer Facebook Google Reviews Print Ad Veterinarian Search Engine Yelp
*Home Phone:	Who referred you? Or Other...	
*Email Address:		
Home Address:		
City	State	Zip Code

Additional Contact Information		Notes:
First Name	Last Name	
Additional Owner Cell Phone (Will not receive text/SMS messages)		
Additional Owner Email:		
Emergency Contact Name:		
Emergency Contact Phone:		
People Authorized to pick up your pets, List Below:		
Any Additional Notes:		
You may review & update your client information at any time via our online portal at http://bit.ly/bennysclient		

STAFF USE ONLY	
Which Service?	Which Dates?
Drop Off Time:	Drop Off:
Pick Up Time:	Pick Up:
Notes	

Please enter your pet's information on the next page.

Pet Information

Pet Information (Please complete for <u>each</u> Pet in the household) You may use additional forms if needed.		
Pet's Name	Sex * (please circle)	<input type="checkbox"/> Female <input type="checkbox"/> Male Is your pet altered? * <small>(Spayed - F. or Neutered - M)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No
Species (please circle): <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Color / Markings / Visual Description:	
Breed (or best guess)		
Birthday (approximate) <small>Month / Day / Year</small>	Allowed rawhide chews during boarding?	
Approximate Weight (lbs):	Veterinarian:	
Pre-Existing or Medical Conditions:		
	Allergies?	
Behavioral notes:		
	Feeding Schedule: Please include quantity	Medications – Please include drug name & Dosage
How is your dog normally fed?	Morning:	Morning:
	Midday:	Midday:
	Evening:	Evening:
Notes:		
Vaccination Expiration Dates: Bordetella ___/___/____ Rabies ___/___/____ DHPP ___/___/____		

Second Pet Information (Please complete for <u>each</u> Pet in the household) Use additional forms if needed.		
Pet's Name	Sex * (please circle)	<input type="checkbox"/> Female <input type="checkbox"/> Male Is your pet altered? * <small>(Spayed - F. or Neutered - M)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No
Species (please circle): <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Color / Markings / Visual Description:	
Breed (or best guess)		
Birthday (approximate) <small>Month / Day / Year</small>	Allowed rawhide chews during boarding?	
Approximate Weight (lbs):	Veterinarian:	
Pre-Existing or Medical Conditions:		
	Allergies?	
Behavioral notes:		
	Feeding Schedule: Please include quantity	Medications – Please include drug name & dosage
How is your dog normally fed?	Morning:	Morning:
	Midday:	Midday:
	Evening:	Evening:
Notes:		
Vaccination Expiration Dates: Bordetella ___/___/____ Rabies ___/___/____ DHPP ___/___/____		