

Date Today: _____

Employee Initials: _____



CITIPETS' Playground: New Client Form

About Your Dog:

Name: _____ Age: _____

Breed: _____

Gender: M / F

Has your dog ever bitten another person or dog? Y / N

Please explain any behavioral issues with your dog. (There is no wrong answer—we do not judge—we need as much information as possible to keep your dog safe and happy!)

Allergies: _____

Flea Medication: _____ Given how often? _____

Current diet (brand of food): _____

Who is your Vet? _____ Vet phone: _____

Up-to-date shots? Y / N (please provide copies)

About You:

Name: _____ Primary Phone: _____

Address: _____

Email: _____

Secondary Care Taker:

Name: _____ Primary Phone: _____

Address: _____

Email: _____