

Old Stone Pet Lodge - New Customer Information



Owner Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone #1: _____ Cell Phone #2: _____

E-mail: _____

Emergency Contact: _____ Phone: _____

Vet Information:

Vet Name: _____

Vet Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Pet Information:

Dog / Cat (circle one) Pet's Name: _____

Breed: _____

Color: _____

Sex: (Male / Female)

Spayed or Neutered (Yes / No)

Pet Birthday: _____

Vaccinations (proof required):

- Bordatella Date vaccinations expire: _____
- Rabies Date vaccinations expire: _____
- D/H/L/P Date vaccinations expire: _____