



7109 Highway 95, Temple, TX 76502  
 254-778-DOGS (3647)  
 FAX: 512-727-7235  
 www.AllDogsResort.com

### New Customer Information

Pet Information					
1 <sup>st</sup> Pet Name:		2 <sup>nd</sup> Pet's Name:		3 <sup>rd</sup> Pet's Name:	
Breed:		Breed:		Breed:	
Color:		Color:		Color:	
Birth date:		Birth date:		Birth date:	
<input type="checkbox"/> Male	Neutered or spayed?	<input type="checkbox"/> Male	Neutered or spayed?	<input type="checkbox"/> Male	Neutered or spayed?
<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify any fears or special needs, and rate them on a scale of 1 to 10 with ten being the most extreme.					
___ Thunder & lightning fear ___ Fireworks fear ___ Guarding food ___ Climbing fence ___ Digging under fence ___ Inappropriate chewing		___ Thunder & lightning fear ___ Fireworks fear ___ Guarding food ___ Climbing fence ___ Digging under fence ___ Inappropriate chewing		___ Thunder & lightning fear ___ Fireworks fear ___ Guarding food ___ Climbing fence ___ Digging under fence ___ Inappropriate chewing	
Describe any other fears, special needs, behaviors, or tendencies, not listed above:					

Owner Information	
Name:	Home Phone:
Address:	Work Phone:
Address Line 2:	Cell Phone:
City, State, Zip:	Other phone:
Veterinarian Clinic:	E-mail Address:
How did you find out about <b>All Dogs Resort</b> ?	<input type="checkbox"/> Special Event <input type="checkbox"/> Drove by <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other, please specify
<input type="checkbox"/> Advertisement <input type="checkbox"/> Client/Friend <input type="checkbox"/> Internet/Website	

Emergency Contact	
In the event of an emergency if we are unable to reach you by phone who should we contact?	
Emergency Contact Name:	Phone: