

**Golden Days Pet Grooming & Dog Day Care  
Client Information**

Date: \_\_\_\_\_

**Owner Information (please print):**

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone 1: \_\_\_\_\_

Work Phone 2: \_\_\_\_\_

Cell Phone 1: \_\_\_\_\_

Cell Phone 2: \_\_\_\_\_

E-mail/Other contact Information: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please list the name(s) and phone number(s) of anyone you authorize to pick up your pet from Golden Days Pet Grooming & Dog Day Care

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**Pet Information:**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Any existing health problems/food allergies/etc.? \_\_\_\_\_

Is there anything else we should know about your pet? \_\_\_\_\_

**Veterinarian Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_