

Rowdy's Pet Resorts, LLC

Client Information Form

Date _____

Owner Name (First Last) _____

Phone _____ email _____

Co-Owner Name (First Last) _____

Phone _____ email _____

Address _____

City _____ State _____ Zip _____

Will any other person(s) other than those listed above have permission to pick up your pet while in our care? YES NO

If yes, please provide name and phone number:

THESE PERSON(S) SHOULD BE PREPARED TO SHOW IDENTIFICATION AND MAKE ANY PAYMENTS FOR PET'S STAY UNLESS STAY WAS PREPAID FOR.

EMERGENCY CONTACT INFORMATION **REQUIRED**

Should you be unable to be reached, please provide an emergency contact(s). These person(s) should have the ability and permission to make financial and emergency decisions on your behalf.

Name _____

phone _____

Name _____

phone _____

Would you please share how you heard about us?

Customer

Veterinarian

Social media

Internet search

Advertisement

Other _____

By signing below I certify the information I provided on this form to be true, accurate and complete. I represent the above owner(s) and verify they are indeed sole owners of the pet(s), free from any liens or disputes.

Dated _____ Printed Name _____

Signature _____