



New Client Information

Pet Information		
1 st Pet:	2 nd Pet:	3 rd Pet:
Breed:	Breed:	Breed:
Color:	Color:	Color:
Age:	Age:	Age:
<input type="checkbox"/> Male <input type="checkbox"/> Neutered? <input type="checkbox"/> Female <input type="checkbox"/> Spayed?	<input type="checkbox"/> Male <input type="checkbox"/> Neutered? <input type="checkbox"/> Female <input type="checkbox"/> Spayed?	<input type="checkbox"/> Male <input type="checkbox"/> Neutered? <input type="checkbox"/> Female <input type="checkbox"/> Spayed?
List any pre-existing conditions, behavioral problems, or special needs: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		

Owner Information	
Name:	Home Phone:
Address:	Work Phone:
City, State, Zip	Cell Phone/Pager:
Veterinarian Clinic:	E-mail Address:
How did you find out about Green Roof Pet Lodge? Word of Mouth Drive By Veterinarian Yellow Pages Yellow Pages Online Green Roof website Animal Shelter Advertisement: (which one?) _____	

Boarding Agreement:

I have received a copy of the Boarding Policies and Requirements of Green Roof Pet Lodge LLC and agree with its terms and conditions. I certify that my pet(s) will be current on all required vaccinations at the time of boarding and I will supply Green Roof with the appropriate documents and phone number of the veterinarian who administered these vaccinations. I authorize Green Roof Pet Lodge to do whatever it deems necessary for the health and well being of my pet(s) during their visit and agree to pay for any and all expenses relating to same. I also understand that Green Roof reserves the right to re-assign pets to different suites or enclosures if they become destructive, overly aggressive or disruptive to staff and other pets.

Pet Owner's Name _____

Date _____