



951 Old Freehold Rd.
Toms River, NJ 08753
732-286-4200
Fax 732-286-4292

Guest Application

Owner Information

First Name: _____ Last Name: _____
Spouse's Name: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Number: _____ Work Number: _____
Cell Number: _____ Additional Cell Number: _____
Email Address: _____ (For appointment reminders & promotions)

How were you referred to us (please circle): Phone Book Sign Ad Employee Client Web Other

Please explain: _____

Emergency Contact Information

Please be sure to list someone you trust to make decisions in case of an emergency. Please be sure this person is aware you listed them on this form.

First Name: _____ Last Name: _____
Home Number: _____ Work/Cell Number: _____

Please indicate anyone else who is permitted to pickup your pet: _____

Guest Information

Pet's Name: _____ Feline / Canine Breed: _____

Color/Markings: _____ Birth Date: _____

Weight: _____ Male/Female Spayed/Neutered If not spayed, date of last cycle? _____

List any PAST or PRESENT Illnesses/Surgeries/Injuries/Allergies: _____

Medical History

It is the owner's responsibility to provide accurate proof of current vaccinations and/or negative fecal result. This information is required to be on file with Pampered Pet Resort and Spa for any and all services we provide.

Veterinary Clinic Name: _____ Preferred Doctor: _____

Phone Number: _____



951 Old Freehold Rd.
Toms River, NJ 08753
732-286-4200
Fax 732-286-4292

Personality Evaluation

Please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Friendly w/ other dogs | <input type="checkbox"/> Barks/Growls while playing | <input type="checkbox"/> Protective of food |
| <input type="checkbox"/> Friendly w/ people | <input type="checkbox"/> Shows teeth when playing | <input type="checkbox"/> Mouthy/nibbles on you |
| <input type="checkbox"/> Shy around strangers | <input type="checkbox"/> Jumps people/dogs | <input type="checkbox"/> Climbs/jumps over fences |
| <input type="checkbox"/> Afraid of lightening/thunder | <input type="checkbox"/> Shares Toys | <input type="checkbox"/> Seperation anxiety |
| <input type="checkbox"/> Afraid of loud noises | <input type="checkbox"/> Protective of toys | <input type="checkbox"/> Goes to dog parks/beaches |

Has your dog EVER tried to escape from your house or yard? Yes/No

If yes, please explain: _____

Has your dog EVER shown signs of aggression? Yes/No

If yes, please explain: _____

If your dog is afraid of lightening, thunder or loud noises,

What is his/her reaction: _____

Is your dog sensitive to touch on ANY area of his/her body? Yes/No

If yes, please explain his/her reaction: _____

If your dog has a bathroom command, what is it: _____

Has your dog shown signs of separation anxiety? Yes/No

If yes, please explain his/her reaction: _____

By signing the following I acknowledge that I have explained all known health conditions, both physical and mental, of my pet to the evaluator at The Pampered Pet Resort and Spa.

X _____ **Date:** _____

Below is for Guest Services Use only

Dog's reaction to Guest Services Employee?	Afraid	Aggressive	Social
Dog's reaction to other dogs?	Afraid	Aggressive	Social

Approval / Disapproval

Evaluator _____

Guest Services Employee _____

Management _____

Guest Services Employee Comments/Special Instructions: _____
