

Pet Enrollment Form

Owner Information

Owner #1		Owner #2	
Name:			
Employer:			
Home Phone:			
Work Phone:			
Cell Phone:			
Email Address:			
Physical Residence Address (Same for both Owners) – Street/City/State/Zip			
Mailing address (if different):			
Who else is authorized to drop off or pick up your pet?			

Emergency Non-Owner Contact Information

Name:	Phone #1:	Phone #2:
Emergency instructions if you or your local contact cannot be reached:		

Pet Health Communication Preference

<small>Select one of the following; based on being in town or out of town:</small>	IN TOWN	AND/OR	OUT OF TOWN
Call me prior to taking pet to vet for any reason			
Call me for serious medical issues only; handle others as per your policy			
Don't call me; provide me details at pick-up			

Pet Information

(Please attach additional pages if needed)

Pet #1				Pet #2			
<input type="checkbox"/> Dog		<input type="checkbox"/> Cat		<input type="checkbox"/> Dog		<input type="checkbox"/> Cat	
Name:				Name:			
Breed:				Breed:			
Color:				Color:			
Sex:		Weight:		Sex:		Weight:	
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Male <input type="checkbox"/> Female			
Neutered or Spayed <small>Please Circle</small>		Date of Birth:		Neutered or Spayed <small>Please Circle</small>		Date of Birth:	
YES NO				YES NO			

Veterinarian Contact Information

Veterinarian Name:	Clinic Name:	Phone #:
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Services Desired

(Please check the one category that best describes your primary interest in Runamuck services)

<input type="checkbox"/> Primarily Daycare	<input type="checkbox"/> Primarily Cagefree Sleepover & some Daycare	<input type="checkbox"/> Traditional Boarding
What is the FIRST DATE you anticipate needing our services? _____		

Additional Services That You May Be Interested In

(Please check all that apply)

Grooming	Cat Boarding	Training	Behavior Consult
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How did you first hear about Runamuck?

(Please check one box)

<input type="checkbox"/> Yellow Pages <input type="checkbox"/> On-line Yellow Pages <input type="checkbox"/> Web page <input type="checkbox"/> Vermont Standard Advertising	<input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Brochure or flyer <input type="checkbox"/> Driving by location <input type="checkbox"/> Referral from existing client (name): _____ <input type="checkbox"/> Other (please specify): _____
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Owner #1 Signature:	Date:	Owner #2 Signature:	Date:
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