



Stella Ruffington's Doggy Playcare

Application for Client Services

Last Name: _____ First Name: _____
Address: _____ Phone (H): _____
_____ Phone (W): _____
_____ Phone (C): _____
Email Address: _____ Email reminders of appointments? Y/N: _____
Emergency contact name: _____ Emergency contact phone: _____
Referred by: _____

Pet #1:

Name: _____ Breed: _____
Color: _____ Sex: _____ Spayed/Neutered?: _____ Weight: _____
Birth date (at least month and year): _____
Vet Name: _____ Vet Clinic: _____
Vet Phone: _____
Vaccinations current as of (proof required): _____
Taking any medications: _____
Anything we should know about this dog :

Services Requested:

- Daycare
- Boarding
- Bath Services

Office Use Only:

- Signed SR Policy & Procedures
- Vaccinations
- Entered in Kennel Connection

Pet #2:

Name: _____ Breed: _____

Color: _____ Sex: _____ Spayed/Neutered?: _____ Weight: _____

Birth date (at least month and year): _____

Vet Name: _____ Vet Clinic: _____

Vet Phone: _____

Vaccinations current as of (proof required): _____

Taking any medications: _____

Anything we should know about this dog :

Pet #3:

Name: _____ Breed: _____

Color: _____ Sex: _____ Spayed/Neutered?: _____ Weight: _____

Birth date (at least month and year): _____

Vet Name: _____ Vet Clinic: _____

Vet Phone: _____

Vaccinations current as of (proof required): _____

Taking any medications: _____

Anything we should know about this dog :
