



THE  
**WINSTON**  
PET HOTEL

## REGISTRATION FORMS

### CUSTOMER/PET OWNER INFORMATION

Owner(s) Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Additional Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Other Emergency Contact Information \_\_\_\_\_

\_\_\_\_\_

*How did you hear about us?* \_\_\_\_\_

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### PAYMENT INFORMATION:

How do you plan to pay for your services?

Credit Card \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV# \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



**PET INFORMATION**

Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_

Birthdate or Age \_\_\_\_\_ Sex M F

Breed and/or color & markings \_\_\_\_\_

Spayed or Neutered Y N Flea Treated Y N

Name of Dog Food \_\_\_\_\_ Allergies \_\_\_\_\_

Medical Issues and/or Problems \_\_\_\_\_

Social Issues and/or Problems \_\_\_\_\_

Veterinarian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Medications \_\_\_\_\_

How are they taken and when \_\_\_\_\_

**\*\*Provide all medications in marked containers, with dosage and any specific directions\*\***

**Please answer the following questions to the best of your knowledge regarding the behavior of your pet.**

Has your pet ever bitten anyone? \_\_\_\_\_ Has your pet ever been aggressive? \_\_\_\_\_

Is your pet crate trained? \_\_\_\_\_ Has your pet ever escaped a fence? \_\_\_\_\_

Do you give treats to your pet? \_\_\_\_\_ Is your pet potty trained? \_\_\_\_\_

If "yes" is answered to any of the above questions, please give a brief explanation: \_\_\_\_\_

Other comments that will help us care for your pets! \_\_\_\_\_

**\*\*All pets require a copy of current vaccinations record prior to your arrival\*\***