



FREQUENT GUEST REGISTRATION

CLIENT INFORMATION

Owner's Name (Last): _____ (First) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

My pet will be attending AWC Resort & Spa: From _____ To _____

During my pet's stay, I can be reached at: _____

Alternate Contact (name and contact numbers): _____

PATIENT INFORMATION - RECAP

Pet's Name: _____ Breed: _____ Color: _____

Spayed / Neutered since last visit? (If applicable) _____ Last Flea/Tick Application _____

Is your animal currently receiving any medication? If so, what kind? _____

Dosage and Time _____

Last dose was given _____

Does your animal have any drug or food allergies? If so, to what? _____

Does your animal have any new medical conditions?: Yes No

If yes, please explain: _____

What type of food does your animal currently receive? _____

Amount: _____ Frequency: _____

* Please have your pet's food separated into individual servings.

My pet was fed last _____

Please describe any change in behavior or new behaviors since your last visit: _____

Any special requests / services: _____

Daily Rate _____ Days Boarding _____

Client Approval/Signate: _____ Date _____ AWC Staff Initials _____