



# 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 :

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#### 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 :

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**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 :

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