



Canine Pet Resort
26 Whitesville Road
Jackson, NJ 08527

Tel: 732-886-WOOF
Fax: 732-886-9668

Email: info@caninepetresort.com

CLIENT INFORMATION FORM

Human's Information

Name _____
 Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____
 E-mail Address _____ (you will receive our Monthly Newsletter)
 We will only release the dog to someone listed on this form. List others who may need to pick up your dog:
 Name _____ Phone _____
 Name _____ Phone _____

Vet's Information

Name _____
 Address _____ City _____ Zip _____
 Phone _____ Fax _____

Emergency Contact (other than vet or dog's owner)

Name _____
 Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____

Dog's Information

Name _____
 Age _____
 Breed _____
 Color _____
 Weight _____

Birth date _____
 Sex _____ Male Female
 Spayed/Neutered Yes No
*Required after 9 months of age - please attach proof
 *For Show Dogs & Medical Exceptions, please attach proof
 License Number _____

Additional

Check-in Date & Time _____ Airline: _____
 Check-out Date & Time _____ Flight Number: _____