

The Pet Resort at Southwood

New Guest Information

Thank you for selecting the Pet Resort at Southwood
as your pet's home away from home

Pet Information

Pet's Name: _____ Please Circle Below:
Birth Date: _____ Canine Feline
Breed: _____ Male Female
Color(s)/Markings: _____ Neutered Spayed

Current Veterinarian: _____
Date of last vaccines: _____
Is your pet currently being treated for a medical condition? _____
Do you use flea preventative? (If so, which brand) _____
Does your pet's physical activity need to be restricted for any reason? If so, please explain: _____

Owner Information

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Numbers: (Home): _____
(Cell): _____ (Spouse's Cell): _____
Employer: _____ (Work): _____
(Spouse's Work): _____
E-mail Address: _____
Driver's License Number: _____
Date of Birth _____ Social Security Number _____
Does anyone other than you have permission to pick up your pet?: Yes No
If so, please provide names: _____

Emergency Contact Information

Please give the names of those who we can contact during an emergency if you are not available:

Name _____ Phone: _____
Name _____ Phone: _____

How did you become aware of our Resort? (Please check all that apply)

The Animal Hospital and Pet Resort website _____ Other _____
Drove by facility _____ Yellow Pages _____

Personal Recommendation: _____ Who may we thank? _____

All payment is due at time of service. The following types of payment are accepted: Cash /
Visa / MasterCard / Discover / Care Credit

Check (with present/valid Driver's License, DOB and SSN

Signature: _____ Date: _____