

# Renaissance Pet Resort & Spa Registration

Owner's Name		
Address	City, State	Zip Code
Home phone	Cell Phone	Work Phone
Email address		

## Pet #1 Information

Pet's Name	Age	Weight	Breed	Gender	<b>Yes No</b> (Neutered?)
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Description

Any Health Concerns?

No

Yes \_\_\_\_\_

Does your pet have any history of aggression or biting, or destruction of items other than dog toys.? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Where does your pet normally sleep? \_\_\_\_\_

Where is your pet while you are away from your home? \_\_\_\_\_

Vaccination history:	Dogs	Cats
	DHPPC _____	FVRCP _____
	Bordetella _____	FeLV _____
	Rabies _____	

Microchip # \_\_\_\_\_

**Please provide our office with copies of your pet's vaccination records. COPIES MUST BE ON FILE WITH OUR OFFICE**

## Pet #2 Information

Pet's Name	Age	Weight	Breed	Gender	<b>Yes No</b> (Neutered?)
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Description

Any Health Concerns?

No

Yes \_\_\_\_\_

Does your pet have any history of aggression or biting, or destruction of items other than dog toys.? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Where does your pet normally sleep? \_\_\_\_\_

Where is your pet while you are away from your home? \_\_\_\_\_

Vaccination history:	Dogs	Cats
	DHPPC _____	FVRCP _____
	Bordetella _____	FeLV _____
	Rabies _____	

Microchip # \_\_\_\_\_

**Please provide our office with copies of your pet's vaccination records -COPIES MUST BE ON FILE WITH OUR OFFICE**

**OVER**

