

Tailwaggers Country Inn Customer Enrollment Sheet

Arrival Date: _____ Departure Date: _____

Do you need Tailwaggers Pick-Up Service? Yes / No

If yes, what is the address: _____

Do you need Tailwaggers Delivery Service? Yes / No

If yes, what is the address: _____

Circle Day and Time:

AM Van- 7 -10am							Saturday or Sunday VIP
	Mon	Tues	Wed	Thurs	Fri		Services Available by
PM Van- 5-8pm	pm	am	pm	am	am		<u>appointment</u>
		pm		pm			

Would you like any grooming services for your pet while vacationing at Tailwaggers Country Inn?

If yes explain: _____

Owner Evaluation

Pet Parent(s) Name: _____
First Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

How did you hear about us? _____

Pet Evaluation

Dog(s) or Cat(s) Name: _____

Breed of Dog or Cat: _____ Age: _____ Sex: M / F

Color: _____ Weight: _____ Spayed/Nuetered: Y / N

Does your pet have any health or physical problems we should be aware of?

Please Explain: _____

Is your pet on any medications? If so please explain: _____

General Questions

Where did you get your dog/cat? _____ At what age? _____

How long have you had your pet? _____ First time owner? Y / N

Number of family members: _____ Children: Y / N Ages: _____

Veterinarian name: _____

Veterinarian Phone Number: _____

You must fax in current shot records

Fax:(903)482-0577