

**ASHCROFT KENNELS, LLC.  
CLIENT/PET INFORMATION**

Owner's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Vet: \_\_\_\_\_

Pet #1 Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Pet #2 Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Pet #3 Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Has your pet ever bitten anyone? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Does your dog climb/jump fences, or is an escape artist to your knowledge? \_\_\_\_\_

Type of food provided at home: \_\_\_\_\_

Does your pet have any medical or health problems? If yes, please explain \_\_\_\_\_

Is your dog afraid of thunder or fireworks? \_\_\_\_\_

Special Instructions: \_\_\_\_\_