

Thank you for your interest in our resort. In order to register your pet for his or her vacation, we need some information from you. We offer two different ways of registering:

- You can fill out this form and fax it back to us at (310)539-9151.
- You can register online at [www.kennelclubresort.com](http://www.kennelclubresort.com). Click on the link for New Client Registration and enter all the information.

We will need to see your pet's vaccination information. We regret that we cannot take any puppy or kitten under 4 months of age. For puppies and kittens, we do require that they have completed their vaccines. Puppies need to have had the bordetella vaccine at least twice if they are under 9 months old. Please call us with any questions you may have about our vaccine policy.

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
 Departure Time: \_\_\_\_\_ AM/PM  After Hours Drop Off/Pick up  
 Clean Up Bath On Exit?  Yes  No

**Owner Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Emergency Phone: (\_\_\_\_) \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Credit Card#: \_\_\_\_\_ Credit Card Expiration: \_\_\_\_/\_\_\_\_  
 Driver License: \_\_\_\_\_ Driver License Expiration: \_\_\_\_/\_\_\_\_

**Pet Information**

|                                                                                                                                                     |                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: _____                                                                                                                                         | Name: _____                                                                                                                                         |
| Breed: _____                                                                                                                                        | Breed: _____                                                                                                                                        |
| Color: _____                                                                                                                                        | Color: _____                                                                                                                                        |
| Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Other: _____              | Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Other: _____              |
| Date of Birth or Approximate Age: _____                                                                                                             | Date of Birth or Approximate Age: _____                                                                                                             |
| Sex: <input type="checkbox"/> Spayed Female <input type="checkbox"/> Neutered Male<br><input type="checkbox"/> Female <input type="checkbox"/> Male | Sex: <input type="checkbox"/> Spayed Female <input type="checkbox"/> Neutered Male<br><input type="checkbox"/> Female <input type="checkbox"/> Male |
| Weight: _____                                                                                                                                       | Weight: _____                                                                                                                                       |
| Animal Hospital: _____                                                                                                                              | Animal Hospital: _____                                                                                                                              |
| Medical Problems/Medication/Special Needs:<br>_____<br>_____                                                                                        | Medical Problems/Medication/Special Needs:<br>_____<br>_____                                                                                        |
| Diet: <input type="checkbox"/> Our food <input type="checkbox"/> Own food                                                                           | Diet: <input type="checkbox"/> Our food <input type="checkbox"/> Own food                                                                           |

**How Did You Hear About us:**

Friend  Veterinarian  Website  Yellow Pages  Other: \_\_\_\_\_

**Accommodations Desired**

Standard  Luxury  Bed  Special Floor  Mini Suite (under 30#)  VIP  Garden Room  Window (cats only)

**Services/Activities Desired**

Daycare  Extra Playtime  Leash Walks  Total Fitness  Hi Energy  Water Aerobics (Seasonal)  Geriatric Care  Training  Cuddle Time (Cats)  Limo Service

For Office Use Only: Pet #1 D: \_\_\_\_\_ RV: \_\_\_\_\_ B: \_\_\_\_\_ Pet #2 D: \_\_\_\_\_ RV: \_\_\_\_\_ B: \_\_\_\_\_