



New Client Information

Dear new clients,

Thank you for choosing Beau Tye's Pet Spa and Collectibles for your pet(s) spa services and retail needs. Please take a few moments to provide us with the following information so that we may create a file for you and your pet(s).

About You (please print)

Last Name: _____ First Name: _____
 Spouse/Significant Others Name: _____
 Mailing Address: _____ City: _____ Zip Code: _____
 Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell/Other: (____) _____ - _____
 Email Address: _____ (not given out and only used by Beau Tye's Pet Spa LLC)
 Emergency Contact Name: _____ Phone: (____) _____ - _____

About Your Pet(s)

Pet Clients Name: _____ Breed: _____ Color: _____
 Age: _____ Weight: _____ Sex: _____ Spayed/Neutered? Yes No
 Birthdate: ____/____/____ Veterinarian Clinic: _____
 Any medical conditions your pet has that we need to be aware of? _____

Second Pet Clients Name: _____ Breed: _____ Color: _____
 Age: _____ Weight: _____ Sex: _____ Spayed/Neutered? Yes No
 Birthdate: ____/____/____ Veterinarian Clinic: _____
 Any medical conditions your pet has that we need to be aware of? _____

Pet Client Vaccination Requirements

For the protection of your pet, other pet clients and our staff, all pet clients must be current on their annual Rabies, Distemper (DHPP), Canine Influenza and veterinarian appropriate Bordatella/Kennel Cough (annual or 6 months) vaccines for any Spa or Doggie Spa Care (daycare) services. Puppies must be current on age-appropriate vaccines. All pet clients must also currently be on a Flea & Tick preventative treatment plan. Copies of these current vaccinations must be provided to us for our records before any Spa or Doggie Spa Care (daycare) services can be rendered. For your convenience, you may request that your veterinarian fax these documents to us at: 866-226-8772

How did you hear about Beau Tye's Pet Spa and Collectibles?

(Please check all that apply)

- Phone Book The Citizen Newspaper
 Web Site 85 South Other: _____
 Veterinarian Clinic name) _____
 Friend or Family Member (name): _____

I understand that payment is required at the time of services rendered. **We only accept checks and/or cash. We do not accept credit nor debit cards.** In the unlikely event that my pet(s) require medical attention while in the care of Beau Tye's Pet Spa, LLC, I hereby authorize Beau Tye's Pet Spa, LLC to bring my pet(s) to the nearest veterinarian facility for the necessary medical treatment at my expense

FLEA & TICK BATHS: Although your pet may be on a Flea & Tick preventative treatment plan, if there are any fleas found alive on your pet(s) during his/her hydro bath, by signing below you give us authorization up front to give your pet(s) a flea & tick bath at an additional charge of \$10 per pet. This is necessary as we strive to provide a flea & tick free facility for all our pet clients. You also acknowledge that there will be a \$25.00 fee for all checks returned for insufficient funds.

Signature of Responsible Party: _____ Date: _____