Lakepointe Pet Resort and Spa

9620 Dalrock Road
Rowlett, Texas 75089
972-412-7250

CLIENT INFORMATION SHEET

Thank you for giving Lakepointe Pet Resort the opportunity to care for your pet. So that we may become better acquainted and to assist at check in, please complete the following and bring it with you at drop off.

DATE: _____

CLIENT NAME: _____
LAST FIRST INITIAL

SPOUSE: _____
LAST FIRST INITIAL

ADDRESS: _____

CITY: _____STATE:_____ZIP:_____

HOME PHONE: _____CELL PHONE:_____

WORK PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT(S)

VETRINARY NAME _____PHONE _____

NAME/RELATIONSHIP _____PHONE _____

NAME/RELATIONSHIP_____PHONE_____

HOW DID YOU CHOOSE LAKEPOINTE PET RESORT?

PERSONAL RECOMMENDATION _____ WHOM MAY WE THANK? _____

WEBSITE_____ DRIVE BY/SIGN_____

OTHER: _____

WE ACCEPT CASH, CHECKS, and CREDIT CARDS