

DEOGI

DOG SPA AND RESORT, LLC

www.DeogiDogSpa.com
6434 Washington Ave | Houston | TX | 77007
(713) 868-7555
Fax (713) 583-7816

Hello and thank you for your interest in **Deogi Dog Spa & Resort LLC**.

Health and safety of your beloved dogs are the primary goals of **Deogi Dog Spa & Resort LLC**. Our policies are designed to facilitate achieving those goals.

We are very excited to have the opportunity to have your dog in our care and commit to providing only the best care.

Within this PDF is the form required for grooming only at **Deogi Dog Spa & Resort LLC**. If your dog is going to also attend daycare while he/she is here, please download the daycare and boarding registration packet and use it instead.

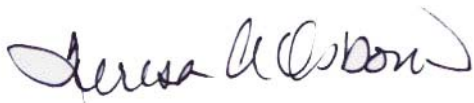
Please fax the completed form, along with your vet records to 713-583-7816. Please ensure that your dog has had the following procedures before coming to Deogi:

Distemper/Parvo – after the initial puppy series, this should be done every three years
Rabies – after first two immunizations, this is required every three years by Texas Law
Bordetella – should be done annually at a minimum, but recommended every six months
Negative Fecal – for dogs under two years old, within the past year

Puppies that are not completely finished with all immunizations, including at least three distemper/parvo immunizations, are not allowed to associate with any other dogs nor are they allowed out in our play yards.

Under special circumstances, we will bathe puppies before all immunizations are complete, but this must be scheduled in advance and will be done on "RUSH" basis.

Thank you



Teresa A. Osborn
President and Founder
Deogi Dog Daycare, Spa and Resort LLC
713-868-7548 (Direct Line)

DEOGI

DOG SPA AND RESORT, LLC

www.DeogiDogSpa.com
6434 Washington Ave | Houston | TX | 77007
(713) 868-7555
Fax (713) 583-7816

New Client Information

Last Name: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Employer: _____

Work Phone: _____ Work Email: _____

Spouse/Partner/Significant Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Employer: _____

Work Phone: _____ Work Email: _____

Veterinarian: _____

Phone: _____

Is anyone else authorized to pick up or drop off your pet(s)?

Name: _____

Name: _____

Name: _____

We will not release your dog to anyone we have not seen without identification and written authorization from you.

Client

Date: