

MEMBERSHIP APPLICATION:

Date: _____

OWNER INFORMATION:

(Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Employer: _____

Work Phone: _____

Email Address: _____

EMERGENCY CONTACT:

Name: _____

Phone: _____

Is this person the decision maker if we can not reach you? _____

PET INFORMATION:

Name: _____

Age: _____ DOB: _____ Weight: _____ Sex: _____

Is your dog spayed or neutered? _____ If yes, what age was this done? _____

VETERINARIAN:

Clinic: _____

Address: _____

Telephone: _____

Veterinarian's Name: _____

OTHERS AUTHORIZED TO PICK UP YOUR DOG:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____