



## Membership Application



### Owner Information (please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



### Pet Information

Number of dogs applying for membership: \_\_\_\_\_

Name(s) of dogs: 1 \_\_\_\_\_ 3 \_\_\_\_\_  
2 \_\_\_\_\_ 4 \_\_\_\_\_

Breed(s): 1 \_\_\_\_\_ 3 \_\_\_\_\_  
2 \_\_\_\_\_ 4 \_\_\_\_\_

Age(s) 1 _____	DOB(s): 1 _____	Sex(s): 1 _____	Weight(s): 1 _____
2 _____	2 _____	2 _____	2 _____
3 _____	3 _____	3 _____	3 _____
4 _____	4 _____	4 _____	4 _____

Is (are) your dog (s) spayed or neutered? (Required at 7 months of age):

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_



Emergency Information

Emergency Contact: (this person must be local and a decision maker, if we cannot reach you)  
\_\_\_\_\_ Phone # \_\_\_\_\_

Veterinarian Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Vet. Phone # \_\_\_\_\_ Vet's Name: \_\_\_\_\_



**Others Authorized To Pick Up Your Dog**

(If you would like anyone, other than yourself, to pick up your dog(s) their name must be on this form)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_