

Membership Application

(please print clearly)



Owner Information

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

E-mail Address: _____



Pet(s) Information

1) Name _____ Breed _____

Sex _____ Spayed/Neutered? (req. at 7mos) _____

Birthday _____ Weight _____

2) Name _____ Breed _____

Sex _____ Spayed/Neutered? (req. at 7mos) _____

Birthday _____ Weight _____

3) Name _____ Breed _____

Sex _____ Spayed/Neutered? (req. at 7mos) _____

Birthday _____ Weight _____

4) Name _____ Breed _____

Sex _____ Spayed/Neutered? (req. at 7mos) _____

Birthday _____ Weight _____



Veterinarian Information

Clinic Name _____

Address _____

Phone # _____ Doctor's Name: _____



Emergency Contact Information

- ❖ In case of an emergency, we will always try to contact you first.
- ❖ Please list someone who you authorize to make decisions about your dog on your behalf if we cannot reach you. This should be a LOCAL person who will likely be in town when you are not.

Name _____ Phone # _____

Relationship _____
(this should be someone other than your spouse)

Name _____ Phone # _____

Relationship _____
(this should be someone other than your spouse)



Others Authorized To Pick Up Your Dog

(If you would like someone else to be able to pick up your dog their name must be on this form)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____