



MEMBERSHIP APPLICATION:

Today's date: _____

OWNER INFORMATION:

(Please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Employer: _____

Work Phone: _____

E-mail Address: _____

EMERGENCY CONTACT:

This person must be local and a decision maker, if we cannot reach you.

Name: _____ "Not living in your household"

Phone: _____

PET INFORMATION:

Name: _____ Breed: _____ Color: _____

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

Is your dog spayed or neutered? Yes _____ No _____ Required at seven months of age.

VETERINARIAN:

Clinic: _____

Address: _____

Telephone: _____

Veterinarian's name: _____

OTHERS AUTHORIZED TO PICK UP YOUR DOG:

If you would like an individual, other than yourself, to pick up your dog(s) their name must be on this form. All individuals are subject to ID checks.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____