



## DOGGIE DEPOT ENROLLMENT FORM

**Directions:** Please save a copy of this form to your computer by selecting "File/Save As" before entering text and numbers. Then fill in your information electronically and select "Save." Note that this form requires the current Adobe Reader® version to function properly. Download the most recent version of Adobe Reader® at <https://get.adobe.com/reader/>.

### OWNER INFORMATION

OWNER #1 NAME

OWNER #2 NAME

HOME PHONE

CELL PHONE

HOME PHONE

CELL PHONE

EMPLOYER

WORK PHONE

EMPLOYER

WORK PHONE

EMAIL ADDRESS

EMAIL ADDRESS

PHYSICAL RESIDENCE ADDRESS – Street/City/State/Zip

List names of those authorized to drop off or pick up your pet.

### EMERGENCY NON-OWNER CONTACT INFORMATION

NAME

PHONE

### DOGGIE INFORMATION

DOGGIE #1 NAME

BREED

DOGGIE #2 NAME

BREED

COLOR

SEX

COLOR

SEX

WEIGHT

AGE

WEIGHT

AGE

DATE OF BIRTH

DATE OF ADOPTION

DATE OF BIRTH

DATE OF ADOPTION

NEUTERED OR SPAYED

NEUTERED OR SPAYED

### VETERINARIAN CONTACT INFORMATION

NAME

PHONE

ADDRESS – Street/City/State/Zip

FAX

### SIGNATURE

OWNER NAME (Print)

DATE

SIGNATURE