

# CLUB PET

## APPLICATION

### Owner Information:

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State, Zip: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Cell (#1): \_\_\_\_\_ E-mail: \_\_\_\_\_

### Emergency Contact:

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

### Pet Information:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex: M.  F.  Color: \_\_\_\_\_  
Spayed or Neutered? Yes  No  Age: \_\_\_\_\_

### Pet Information:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex: M.  F.  Color: \_\_\_\_\_  
Spayed or Neutered? Yes  No  Age: \_\_\_\_\_

### Pet Information:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex: M.  F.  Color: \_\_\_\_\_  
Spayed or Neutered? Yes  No  Age: \_\_\_\_\_

### Veterinary Clinic:

Clinic Name: \_\_\_\_\_  
Vet. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- **You must have documents from your vet of vaccinations, Bordetella (kennel cough) must be within 6 months, Rabies and Distemper (Dhlpp) current within 1 year.**

Are there any medical concerns, or disabilities, that we should be aware of? If so, please advise: \_\_\_\_\_

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**Feeding instruction :** Amount/Times \_\_\_\_\_ / \_\_\_\_\_

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Is your pet on a special diet? If so, please advise:

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**Information about your pet:**

To the best of your knowledge, does your pet have any food/treat/toy aggression (with people or dogs)? If so, please describe: \_\_\_\_\_

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Has your dog been exposed to other dogs, people, unfamiliar territory (i.e., parks, beach, kennels, another home)? If so, please describe your dog behavior:

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**Grooming information:**

Is your pet required special grooming? If so, please advise:

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**Any special comments:**

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**How did you found out about us?** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

