

Pampered Pet Center, Inc.  
Application Form (Dog)



Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_

Phone (W): \_\_\_\_\_

Pager/Cell: \_\_\_\_\_

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

Emergency Contact(s) and phone(s): \_\_\_\_\_

\_\_\_\_\_

Pet's Name: \_\_\_\_\_ Sex: M F

Spayed/Neutered?: \_\_\_\_\_

Age/Birthday: \_\_\_\_\_

Breed/Weight/Color: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

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

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

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

The following people can drop off/pick up my pet(s): \_\_\_\_\_

\_\_\_\_\_

If your dog becomes injured/ill in anyway, we will first attempt to contact you, if unsuccessful, would you like us to: (Please Circle Choice)

Use Our Best Judgment    Seek Immediate Medical Treatment    Other \_\_\_\_\_

How did you hear of our service? \_\_\_\_\_