



# Enrollment Form

Dog's name: \_\_\_\_\_ Age: \_\_\_\_\_

Owner's name: \_\_\_\_\_

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

City, State, Zipcode: \_\_\_\_\_

Phone numbers: Please include Home, Cell and Work: \_\_\_\_\_

\_\_\_\_\_

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

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Weight: \_\_\_\_\_

Sex: ☐ Male ☐ Male/Neuter ☐ Female ☐ Female/Spay

**\*\*PLEASE NOTE: AFTER 1 YEAR OF AGE,  
ALL DOGS ARE REQUIRED TO BE  
SPAYED/NEUTERED\***

Veterinary Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Emergency Contact:

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

People other than yourself who are authorized to pick up your dog:

\_\_\_\_\_