



# HAPPY TAILS COUNTRY CLUB

## Membership Application

### OWNER INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Would you like to receive our quarterly Newsletter: Yes  No

Please tell us how you heard about Happy Tails: \_\_\_\_\_

### PET INFORMATION

|    | <u>NAME/S</u> | <u>BREED</u> | <u>AGE</u> | <u>SEX</u> | <u>WEIGHT</u> |
|----|---------------|--------------|------------|------------|---------------|
| 1. | _____         | _____        | _____      | _____      | _____         |
| 2. | _____         | _____        | _____      | _____      | _____         |
| 3. | _____         | _____        | _____      | _____      | _____         |

**ALL DOGS OVER 7 MONTHS MUST BE SPAYED OR NEUTERED.** ARE ANY OF YOUR DOGS **NOT** SPAYED OR NEUTERED? YES  NO

**MY PET HAS THE FOLLOWING CONDITIONS/HEALTH ISSUES:**

Medication Required  First Time Boarder  Heat/Cold Sensitive  Blind

Deaf  Fear of Storms  Digs/Eats Gravel  Aggressive with people

**Explain Health Problems/Medications:** \_\_\_\_\_

Is your dog an escape artist? Yes  No  *If YES, please discuss with a Supervisor.*

**EMERGENCY CONTACT** (other than yourself-the person must be a decision maker if we cannot reach you): Name: \_\_\_\_\_ Phone #'s \_\_\_\_\_

Veterinarian Clinic Name: \_\_\_\_\_

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

Vet's Name: \_\_\_\_\_ Vet's Phone #: \_\_\_\_\_

**IF YOU WOULD LIKE ANYONE ELSE TO PICK UP YOUR DOG/S, THEIR NAME/S MUST BE ON THIS FORM:** Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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