



Membership Application

OWNER INFORMATION

Name: _____ Home Phone: _____ Mobile: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Email address: _____

Please tell us how you heard about Happy Tails: _____

PET INFORMATION

NAME/S	BREED	DOB	SEX	WEIGHT
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

All dogs over 7 months must be spayed or neutered. Are any of your dogs **not** spayed or neutered? YES NO

Does your pet have any of the following conditions/health issues:

Blind Deaf Fear of Storms History of seizures Food allergies Arthritis

Explain Health Problems/Medications: _____

Can your dog have treats during bathing or for behavior modification? YES NO

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

EMERGENCY CONTACT (other than yourself or spouse-the person must be a decision maker if we cannot reach you)

Name: _____ Phone #'s _____

Veterinarian Clinic Name: _____

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 # _____