



## 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 | AGE   | SEX   | WEIGHT |
|----|--------|-------|-------|-------|--------|
| 1. | _____  | _____ | _____ | _____ | _____  |
| 2. | _____  | _____ | _____ | _____ | _____  |
| 3. | _____  | _____ | _____ | _____ | _____  |

All dogs over 7 months must be spayed or neutered. Is your dog(s) 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: \_\_\_\_\_

\_\_\_\_\_

Is your dog crate-trained? YES  NO  (*IF all of our suites are full, we may have crate space available.*)

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 # \_\_\_\_\_