

This is **NOT** a registration. You **MUST** register by telephone.

Please print this form, and bring the completed form with you to expedite check-in.

Your Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Your Veterinarian

Vet Name: _____

Practice Name: _____

Office Phone: _____ Office Fax: _____

After Hours Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Emergency Contacts

Please list at least two people who are likely to be able to reach you in the event of an emergency. Furthermore, these people will be authorized to make decisions regarding emergency care in the unlikely event you cannot be reached, and/or pick up your pet in the event you are unable to do so. We cannot release your pet to anyone who is not listed below.

Contact 1

Name: _____

Day Phone: _____ Night Phone: _____

Contact 2

Name: _____

Day Phone: _____ Night Phone: _____

Contact 3

Name: _____

Day Phone: _____ Night Phone: _____