

PLEASE COMPLETE THE FOLLOWING FORM SO THAT WE CAN PROCESS YOUR INFORMATION QUICKLY. THANKS IN ADVANCE FOR YOUR PATIENCE AND COOPERATION. PLEASE PRINT. More than 4 pets? See reverse side.

Owner's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Name / Phone of alternate contact: \_\_\_\_\_

Is your pet a  DOG  CAT Is your pet a  MALE  FEMALE Rabies Tag #: \_\_\_\_\_

Is your pet spayed or neutered?  YES  NO Pets Approx Weight: \_\_\_\_\_

Pets Age:  3 months to 1 year  Over 1 year Actual Age: \_\_\_\_\_

Breed of dog: \_\_\_\_\_ Breed of cat:  DLH  DMH  DSH Other: \_\_\_\_\_  
(DOMESTIC LONG HAIR / MEDIUM HAIR / SHORT HAIR)

Pet's Name: \_\_\_\_\_ Color / Pattern of pet: \_\_\_\_\_

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