



Date: DD/MM/YYYY

## CUSTOMER CONTACT INFORMATION FORM

### Dog Owner Information

Name: \_\_\_\_\_

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

City / Province: \_\_\_\_\_ PostalCode: \_\_\_\_\_

Telephone Cell# \_\_\_\_\_ Home# \_\_\_\_\_

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

Company Name: \_\_\_\_\_ Work Phn#: \_\_\_\_\_

### Emergency Information While Away

Notify/Relationship: \_\_\_\_\_

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

City/Province: \_\_\_\_\_

Telephone: Cell \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

### Dog's information

Name: \_\_\_\_\_

Breed/ Sex/ B.Day: \_\_\_\_\_

Spayed/Neutred: \_\_\_\_\_

Vet Clinic name & phone #: \_\_\_\_\_

Allergies if any: \_\_\_\_\_

Special medication or treatment if any: \_\_\_\_\_

Anything else we should know: \_\_\_\_\_

Is your pet house broken: \_\_\_\_\_

Is your pet registered with the city you reside: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_