



Enrollment Form

706.322.0403
5870 Veterans Pkwy. Suite L
Columbus, GA 31909

Owner Information
Owner #1 Owner #2
Name:
Employer:
Home Phone:
Work Phone:
Cell Phone:
Email Address:
Physical Residence Address (Same for both Owners) - Street/City/State/Zip
Mailing address (if different):
Who else is authorized to drop off or pick up your pet?

Emergency Non-Owner Contact Information
Name: Phone:
Other instructions in case of emergency:
Paws & Play will always use reasonable efforts to contact the owner in the case of illness or injury. If the owner cannot be reached, Paws & Play is authorized to make appropriate decisions regarding veterinary care.

Doggie Information (Please attach additional pages if needed)
Doggie #1 Doggie #2
Name:
Breed:
Color:
Sex:
Weight:
Age:
Neutered or Spayed:
Date of Birth:
Date of Adoption:

Veterinarian Contact Information
Name: Phone:
Address: Fax:

Services Desired
[] Daycare [] Grooming
[] Boarding

How Did You First Hear About Paws & Play?
[] Referral from existing client (Name: _____)
[] Local business referral (Business Name: _____)
[] Paws & Play Brochure
[] Paws & Play Web Site
[] Yellow Pages
[] Online or Internet [] Google [] Yahoo [] MSN [] Other (Please Specify _____)
[] Other (Please Specify _____)

Please know that we love to reward our referrals. If you know a dog that would enjoy playing all day, make sure they put your name down when they fill out this form and we'll give you a free day of daycare!

Owner #1 Owner #2
Signature:
Date: