

LUCKY DOG CLIENT REGISTRATION

Name _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail Address _____

Emergency Contact _____ Phone Number _____

Anyone else with permission to pick up your dog? _____

How did you hear about us? TV Newspaper Flyer Word of Mouth Internet Radio
Other _____

Military/Service: No Active Retired Police Firefighter Govt Employee
Please show your ID to the front desk staff for discount confirmation.

Comments: _____

Veterinarian Hospital _____ Phone _____

DOG #1 Name _____ Breed _____

Color _____ Male Female Neutered Spayed Intact

Birthday _____ or Age _____ as of _____

DOG #2 Name _____ Breed _____

Color _____ Male Female Neutered Spayed Intact

Birthday _____ or Age _____ as of _____

DOG #3 Name _____ Breed _____

Color _____ Male Female Neutered Spayed Intact

Birthday _____ or Age _____ as of _____

DOG #4 Name _____ Breed _____

Color _____ Male Female Neutered Spayed Intact

Birthday _____ or Age _____ as of _____