



Doggie Day Care & Boarding

8102 Lemont Road
Suite 600
Woodridge, IL 60517

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Fax: (630) 541-6398
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DOGGIE ENROLLMENT FORM

OWNER INFORMATION

OWNER #1		OWNER #2	
NAME		NAME	
HOME PHONE	CELL PHONE	HOME PHONE	CELL PHONE
EMPLOYER	WORK PHONE	EMPLOYER	WORK PHONE
EMAIL ADDRESS		EMAIL ADDRESS	
PHYSICAL RESIDENCE ADDRESS – STREET/CITY/STATE/ZIP			
MAILING ADDRESS (IF DIFFERENT) –STREET/CITY/STATE/ZIP			
OTHER PEOPLE AUTHORIZED TO DROP OFF OR PICK UP YOUR DOG(S)			

EMERGENCY NON-OWNER CONTACT INFORMATION

NAME	PHONE
OTHER INSTRUCTIONS IN CASE OF EMERGENCY	

DOGGIE INFORMATION (PLEASE ATTACH ADDITIONAL PAGES IF NEEDED)

DOGGIE #1		DOGGIE #2	
NAME	BREED	NAME	BREED
COLOR	SEX	COLOR	SEX
WEIGHT	AGE	WEIGHT	AGE
DATE OF BIRTH	DATE OF ADOPTION	DATE OF BIRTH	DATE OF ADOPTION
SPAYED/NEUTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO		SPAYED/NEUTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

VETERINARIAN CONTACT INFORMATION

NAME	PHONE
ADDRESS – STREET/CITY/STATE/ZIP	FAX

OWNER #1		
NAME (PRINT)	SIGNATURE	DATE
OWNER #2		
NAME (PRINT)	SIGNATURE	DATE