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 Wallington, NJ 07057
 Phone: 973-574-8855
 Fax: 973-574-8188

www.doggieparadise.net

E-mail: staff@doggieparadise.net

CLIENT INFORMATION FORM

Human's Information

Name _____
 Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____
 E-mail Address _____ (you will receive our Monthly Newsletter & Coupons/Offers)
 We will only release the dog to someone listed on this form. List others who may need to pick up your dog:
 Name _____ Phone _____
 Name _____ Phone _____

Vet's Information

Name _____
 Address _____ City _____ Zip _____
 Phone _____ Fax _____

Emergency Contact (other than vet or dog's owner)

Name _____
 Address _____ City _____ Zip _____
 Home Phone _____ Cell Phone _____

Dog's Information

Name _____
 Age _____ Birth date _____
 Breed _____ Sex _____ Male ٠ Female ٠
 Color _____ Spayed/Neutered Yes ٠ No ٠
 *Required after 8 months of age (NO EXCEPTIONS)
 Please Attach Spay/Neuter Certificate
 Weight _____ License Number _____

Print Name _____ Sign Name _____
 Date _____

For Doggie Paradise's Use Only (please do not fill out)

Evaluation Date: _____ Issues Noted: _____
 Admitted By: _____