



Employee Use Only:
DAYCARE GROOMING
Meet and greet rating

The Canine Club Enrollment Form

Dog's Name _____

Breed _____ Sex MALE FEMALE

Description _____

Age _____ Birth Date (Approx.) _____ Spayed/Neutered? YES NO

Does your dog have any medical concerns we should be aware of? YES NO

If yes, please specify _____

Owner's Name _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other _____

In the event of an emergency which number should we contact first? _____

Email Address _____

Emergency Contact _____

Veterinary _____ Phone _____

How did you hear about us? _____
