



# 24PetWatch

MICROCHIP IDENTIFICATION

Tel.: 1-866-597-2424

Web: [www.24petwatch.com](http://www.24petwatch.com)

Fax: 1-866-738-2327

MICROCHIP IDENTIFICATION NUMBER

Affix 24PetWatch bar code label here

## 1 OWNER (PLEASE PRINT)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Tel. Home: ( ) \_\_\_\_\_ Tel. Bus.: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

## 2 PET(S)

Pet's Name: \_\_\_\_\_  Dog  Cat  Male  Female Spayed or neutered:  Yes  No

Birth date: (MM/DD/YYYY) \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Dominant Breed: \_\_\_\_\_

What veterinary clinic do/will you use? \_\_\_\_\_

## 3 EMERGENCY CONTACT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Tel. Home: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

## 4 MICROCHIP PROVIDED BY

Name of Shelter / Veterinary Clinic: \_\_\_\_\_



P.O. Box 909, Lakeside, Arizona 85929, (928) 368-5295

## 5 PET HEALTH INSURANCE COVERAGE

**Does your pet currently have pet health insurance?**

No \_\_\_\_\_

If yes, indicate provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

**EmergencyCare** insurance coverage is the only program of its kind that provides pre-authorized coverage for your cat or dog if it is found by a third party **and** requires immediate medical attention. You'll be covered for up to \$3000 in veterinary fees. Enroll now by calling 1-866-375-PETS (7387) or visit the ShelterCare Pet Insurance Programs at [www.sheltercare.com](http://www.sheltercare.com) for more information about EmergencyCare and other valuable insurance programs.

I declare that the particulars stated in this application are true and no material fact has been withheld. I understand that misrepresentation or non-disclosure will void the contract. Should your address/contact information change, please update your 24PetWatch registration immediately at [www.24petwatch.com](http://www.24petwatch.com) or call 1-866-597-2424. We will contact you periodically to ensure your information remains accurate. I consent to the release of my name and telephone number to anyone that finds my pet.

Yes  No, I prefer that communication only be through 24PetWatch.

I understand that I may be contacted by a ShelterCare Pet Insurance program representative.

*We respect your privacy. If you do not wish to be contacted regarding Pethealth Inc.'s wholly owned subsidiaries' products and services, please call 1-866-275-PETS or send an e-mail to [info@24petwatch.com](mailto:info@24petwatch.com).*

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

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1) WHITE COPY - Attach to Shelter Paperwork 2) YELLOW COPY - Retained by Adopter/Owner