

**It's a Dog's Life**



**860.638.1184 • www.dogslife-daycare.com**  
19 Meriden Rd, Middlefield, CT 06455

## **Application**

Today's date: \_\_\_\_\_

### **Owner(s) Information:**

(Please print)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Doggie Information:**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Is your doggie spayed/neutered? \_\_\_\_\_

**(Dogs must be spayed/neutered by 6 months of age; after 6 months dogs will not be accepted)**

### **Veterinarian:**

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_

**Others authorized to pick up your dog:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Is this person the decision maker if we cannot reach you? Yes \_\_\_\_\_ No \_\_\_\_\_