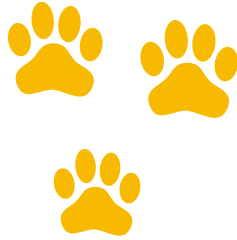


PAW WALKER



Information slip

ABOUT YOU!

First Name:

Last Name:

Phone number:

Email:

Other Info:

ABOUT YOUR DOG!

Dogs Name:

Age:

Gender:

Birth Date:

Breed:

Medicine:

Allergies:

Food:

Other notes:

Thank you!

HELLO!!

If you are wanting to have your dog cared for please fill in the form above. You can print, fill in, and mail it to us at *1106 Jackson Pl. Steubenville, OH 43952* or you can copy and paste it and email it to robindjohnhenry@gmail.com

Thank you so much!!!