



## Parents Information

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

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

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

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

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Emergency Contract Information

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

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

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

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

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Note: Your Emergency Contact person should be someone that can make decisions about your dog in the event that you can not be reached.**

### Veterinary Information

Vet's Name: \_\_\_\_\_

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

Location: \_\_\_\_\_

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

### Referral Program

How did you hear about Paws? (circle one) Website Vet Drive by Trainer Friend

What is your friend's name? \_\_\_\_\_ What is their dog's name \_\_\_\_\_?

1285 Puerta Del Sol, San Clemente CA 92673

Ph: 1(800) 964-PAWS FAX: (949) 276-4932 [www.pawspetresorts.com](http://www.pawspetresorts.com)