

# REGISTRATION FORM:

## Tell us about yourself

Name (first): \_\_\_\_\_ (last name): \_\_\_\_\_  
Additional Parent (first Name): \_\_\_\_\_ (last name): \_\_\_\_\_  
Address : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_  
Work: \_\_\_\_\_ Email: \_\_\_\_\_

(by supplying your email, you agree to receive periodic emails for coupons, special offers and important updates from The Pink Poodle).

Emergency Contact(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Who else is authorized to pick up your pet? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Referred by: \_\_\_\_\_

## Tell us about your pet (#1)

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Birthday: \_\_\_\_\_ Male/ Female  
Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered: If not when: \_\_\_\_\_  
How long has your pet been in your family? \_\_\_\_\_

## Tell us about your pet's health

Veterinarian: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ List any allergies: \_\_\_\_\_

Monthly Heart worm Treatment: \_\_\_\_\_

Monthly Flea Treatment: \_\_\_\_\_

Describe any medical conditions: \_\_\_\_\_

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## Tell us about your pet (#2)

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Birthday: \_\_\_\_\_ Male/ Female  
Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered: If not when: \_\_\_\_\_  
How long has your pet been in your family? \_\_\_\_\_

## Tell us about your pet's health

Veterinarian: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ List any allergies: \_\_\_\_\_

Monthly Heart worm Treatment: \_\_\_\_\_

Monthly Flea Treatment: \_\_\_\_\_

Describe any medical conditions: \_\_\_\_\_

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**Tell us about your pet (#3)**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Birthday: \_\_\_\_\_ Male/ Female  
Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered: If not when: \_\_\_\_\_  
How long has your pet been in your family? \_\_\_\_\_

**Tell us about your pet's health**

Veterinarian: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ List any allergies: \_\_\_\_\_  
Monthly Heart worm Treatment: \_\_\_\_\_  
Monthly Flea Treatment: \_\_\_\_\_  
Describe any medical conditions: \_\_\_\_\_

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**Tell us about your pet (#4)**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Birthday: \_\_\_\_\_ Male/ Female  
Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered: If not when: \_\_\_\_\_  
How long has your pet been in your family? \_\_\_\_\_

**Tell us about your pet's health**

Veterinarian: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ List any allergies: \_\_\_\_\_  
Monthly Heart worm Treatment: \_\_\_\_\_  
Monthly Flea Treatment: \_\_\_\_\_  
Describe any medical conditions: \_\_\_\_\_

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