



Enrollment Application: (1) Guardian Information

Primary Guardian Information:

Name: (First) _____ (Last) _____

Telephone Numbers: Cell (____) _____ Home (____) _____ Work (____) _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

How did you hear about The Puppy Lounge? _____

Secondary Guardian Information:

Name: (First) _____ (Last) _____

Relationship with Primary Guardian: _____

Telephone Numbers: Cell (____) _____ Home (____) _____ Work (____) _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Emergency Contact Information: (If different than above)

Name: (First) _____ (Last) _____

Telephone Numbers: Cell (____) _____ Home (____) _____ Work (____) _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Veterinary Contact Information:

Veterinary Clinic: _____ Name on Vet Account: _____

Telephone Numbers: Main (____) _____ Fax (____) _____ Secondary (____) _____

Address: _____

City/State/Zip: _____

Puppy Lounge Services

Please circle the services you are interested in utilizing: Daycare Boarding Grooming

Additional Information: _____