



REGISTRATION FORM

Army Air Force Marines Navy Coast Guard Reserves DoD Civilian Retiree

1. Sponsor/Spouse Name: _____
2. Current Address _____
City: _____ State: _____ Zip: _____
3. Cellphone: _____ Alternate Phone: _____ Work Phone: _____
4. Email: _____ DOD/CAC# _____ Exp Date _____
5. Military Unit/ Command/Employer/ Supervisor Rank/Name/Phone#: _____

6. Authorized person(s) or Second owner
Name/Phone#: _____

7. Boarding dates (mm/dd/yyyy): **Start Date:** _____ **Pickup Date:** _____

Dog / Cat Name _____ (Male - Female Spay / Neutered) Breed _____ Age _____ Weight _____

Dog / Cat Name _____ (Male - Female Spay / Neutered) Breed _____ Age _____ Weight _____

Dog / Cat Name _____ (Male - Female Spay / Neutered) Breed _____ Age _____ Weight _____

Dog / Cat Name _____ (Male - Female Spay / Neutered) Breed _____ Age _____ Weight _____

Dog / Cat Name _____ (Male - Female Spay / Neutered) Breed _____ Age _____ Weight _____

Vet Clinic's Name: _____ Phone#: _____

****Any permitted health issues History/Problem(s) if any:** _____

Special Instructions _____

Pet Owner's Signature: _____ Date: _____