

# The Soapy Dog Customer and Pet Profile

Owner(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please sign me up for the monthly Soapy Dog Newsletter.

## Emergency Contacts (other than yourself or spouse)

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

***Note:** In the event that your dog needs medical attention outside basic first aid, we will attempt to reach you first and then your emergency contact. If your contact cannot provide transportation to your primary vet, we will transport your dog to the Pet Vet on Patton during business hours and REACH Emergency Animal Hospital after business hours. The owner will be responsible for all medical bills associated with necessary treatment as well as an additional service fee of \$25.00.*

## Pet Information

**Dog (1) Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Please circle: Spayed or Neutered

Color and Distinctive Markings: \_\_\_\_\_

**Dog (2) Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Please circle: Spayed or Neutered

Color and Distinctive Markings: \_\_\_\_\_

**Dog (3) Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Please circle: Spayed or Neutered

Color and Distinctive Markings: \_\_\_\_\_