



MEMBER APPLICATION FORM

(Please Print)

Pet's Name:	Pet's Breed:
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PACK INFORMATION

Owner's Last name:	First:	Middle:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Email:
			<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	

Is your pet spayed/neutered?	Vet Name:	Vet Address:	Vet Phone:	Age:	Sex:
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> M <input type="checkbox"/> F

Owner #1 Work Phone:	Owner #1 Home Phone:	Owner #1 Cell Phone:

Address:	City:	State:	ZIP Code:

Owner #2 Name:	Owner #2 Work Phone:	Owner #2 Cell Phone:

Credit Card Number:	Expiration Date:	Name on Card:

How did you hear about Kiki's?

Family Friend Flyer Publication Search Engine Website Other; please explain:

PERSONALITY, HEALTH AND GROOMING

(**We require current vaccinations, including rabies, DHPP and Bordetella for all boarding dogs, dogs attending day care and dog park members)

What activities does your dog enjoy?	Is there anywhere your dog does not like to be touched?	Has your dog ever bitten anyone?

What do you feed your dog and at what times of the day?	Brand:

Do you allow your dog to have treats? If so, what kind?

Where does your dog sleep at night?

Is there anything your dog dislikes or is scared of?

Does your dog have any medical problems?

Does your dog have any allergies?

Does your dog like to be brushed?

Does your pet have any sensitive areas?

Where does your dog most like to be pet, scratched or massaged?

Do you use a carrier or bag to carry your dog to Kiki's? Please describe:

Will you be using Kiki's Pick-up and Drop-off service?

Please list any other concerns or requests:

IN CASE OF EMERGENCY

Name of local friend or relative:	Relationship:	Home Phone:	Work Phone:

**This person will be authorized by you to make important decisions regarding your dog.

*Staff member acknowledges copy of all current vaccinations attached to application.	Name (print):
Kiki's Staff Signature:	Date: