



1012 W. Main St. Marion, IL 62959

PH: 618-889-4712

Fax: 1-866-271-0412

Registration Form

Your Name _____

Additional Owner Name _____ Ph _____

Address _____ City _____ IL _____ Zip _____

Email _____ Home Phone _____

Work Phone _____ Ext _____ Cell Phone _____

Additional Authorized Pick-up _____

Emergency Contact (outside of household) _____

Emergency Contact Phone _____

How did you hear about us? Friend / Google / Website / Facebook / Vet / Driving By / Other

Pet Info

____ Dog ____ Cat Breed (or best guess) _____

1st Pet's Name _____ Color(s) _____

Birthdate or Age (or best guess) _____ Sex ____ Approx. Weight _____ lbs.

Spayed/Neutered? Y / N Vet Clinic/Practice Name _____

City/Location _____

____ Dog ____ Cat Breed (or best guess) _____

2nd Pet's Name _____ Color(s) _____

Birthdate or Age (or best guess) _____ Sex ____ Approx. Weight _____ lbs.

Spayed/Neutered? Y / N Vet Clinic/Practice Name _____

City/Location _____

I certify that I have read and agree to the terms outlined in the Doggie Stylez Inc Policy Agreement and the Bite Policy. I certify that I am the legal owner/caregiver of this pet.

Pet owner's signature

Date