



THE WAG FACTORY

*****REQUIRED INFO HIGHLIGHTED**

OWNER INFORMATION

Name: _____ **Email:** _____

Address: _____

City/State: _____ **Zip:** _____

Best Contact Phone: _____ Cell Home Work

Alternate Phone: _____ Cell Home Work

Emergency Contact Name: _____ **Phone:** _____

HOW DID YOU HEAR ABOUT THE WAG FACTORY? _____

Keep Credit Card information on file for easy check-out: ____Yes ____No

PET INFORMATION

Name: _____ **Breed:** _____

Birthdate (if known): _____ **Weight:** _____

Others Authorized to Pick Pet Up: _____

Gender: ____Male ____Female **Color:** _____

Spayed/Neutered: ____Yes ____No ____Don't Know

Allowed Treats: ____Yes ____No

Allowed Play Areas: ____Indoor ____Outdoor ____Either/Both

Crate Trained: ____Yes ____No

Feeding Times: ____AM ____Midday ____PM

Allergies: ____Yes ____No **Medication Times:** ____AM ____Midday ____PM

VET INFORMATION

Vet Clinic: _____ **Doctor:** _____

Location: ____Charleston **Other:** _____

Microchip number: _____

Pet Insurance Company (if applicable): _____

Phone: _____