



NORTH SHORE
doggy DAYCARE
Play. Make friends. Nap. Play.

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Application for Enrollment

Owner's information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Employer: _____ Work phone: _____ Cell phone: _____

Who referred you to us? _____

Pet's information:

Name: _____ Breed: _____ Sex: _____ Neutered _____

Age: _____ Date of birth: _____ Weight: _____

Brand of food: _____ Amount of food: _____ Feedings per day _____

Special needs (medications, etc.): _____

Veterinarian: _____ Allergies _____

Address: _____ Phone: _____

Emergency contact: _____ Relation: _____ Phone: _____

Certificate for Care

I _____ grant North Shore Pet Connection (NSDD) and/or its selected agents full power of decision concerning the care and well being of my pet _____. Should any medical condition arise, it is agreed that NSPC or its selected agent can, and will, make any needed decision concerning medical treatment and choice of caregiver up to \$_____.
(\$500 suggested)

Signed: _____ Date: _____

Print name: _____