

# Klub K9 Play Center, Inc.

174 Commercial Street Sunnyvale, CA 94086

408.736.7102 Fax 408.736.3048

## Client Registration

\_\_\_\_\_  
Owners Name

\_\_\_\_\_  
Dog's Name (1)

\_\_\_\_\_  
Street Address (No P.O. Boxes)

\_\_\_\_\_  
Breed of dog

\_\_\_\_\_  
Birth date of dog

CA

\_\_\_\_\_  
City St. Zip

\_\_\_\_\_  
Male/Female Weight Color

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Spay/Neuter When

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Dog's Name (2)

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Breed of dog

\_\_\_\_\_  
Birth date of dog

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Male/Female Weight Color

\_\_\_\_\_  
How did you hear about us?

\_\_\_\_\_  
Spay/Neuter When

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dog's Name (3)

All dogs must pass a temperament evaluation. All dogs must be dog and people friendly to attend daycare and boarding. All dogs must be current with all required shots; all males over 7 months old must be neutered. Acceptance of this application by Klub K9 Play Center does not imply or express acceptance of your dog. This form is solely an application for acceptance. Once accepted, your dog is eligible for all the services we offer.

\_\_\_\_\_  
Breed of dog

\_\_\_\_\_  
Birth date of dog

\_\_\_\_\_  
Male/Female Weight Color

\_\_\_\_\_  
Spay/Neuter When

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date