

Contact Information Form

Primary Contacts:

Please include names from the same household who will contact us, pick up and/or drop off your pet.

Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number(s): Home: _____ Work: _____

Cell: _____ Cell: _____

Other: _____ Other: _____

Email: _____

Emergency Contact Person: (Someone not in the same household as above)

Name(s): _____

Phone Number(s): _____

Relationship: _____

How did you hear about Thee Place For Paws? (Please check all applicable)

Newspaper / Media Which newspaper or media? _____

Internet Search What search method? _____

Our Website What did you think about it? _____

Friend / Family Who referred you? _____

Veterinarian Office Which office referred you? _____

Other: _____

Would you like to be contacted regarding future events, fundraisers, newsletters by us?
We send a monthly newsletter and occasional special announcements. Yes No

With my signature below I certify that I have read and understood this evaluation and have disclosed all pertinent information in order to contact me and/or my emergency contact.

Date: _____

Signature: _____

Print Name: _____

****NOTE**** Please Print and Sign