



K9 Care Application

4700 N. University, Peoria, IL 61614
 Phone: (309) 683-3789 Fax: (309) 683-3804

OWNER INFORMATION	
Owner #1	Owner #2
Name	
Employer	
Home Phone	
Work Phone	
Cell Phone	
Email Address	
Physical Residence (same for both owners) - Street/City/State/Zip	
Mailing Address (if different)	
Who else is authorized to drop off/pick up your dog? (name and phone numbers)	

Emergency Non-Owner Contact Information	
Name:	Phone:
In case of emergency instructions:	
My Dog's Bakery, Daycare and Grooming will always make reasonable efforts to contact the owner in the case of illness or injury. If the owner cannot be reached, My Dog's Bakery, Daycare & Grooming is authorized to make appropriate decisions regarding veterinary care.	

Dog Information (attach additional pages if needed)	
Dog #1	Dog #2
Name	
Breed	
Color	
Sex	
Weight	
Age	
Spayed/Neutered	
Date of Birth	
Veterinarian Contact Information	
Name	Phone:
Address	Fax:

Owner #1	Owner #2
Signature:	
Date:	