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DOG DAY CARE REGISTRATION

Customer informati	ЮП				
First name / Name					
Street					
ZIP / City					
Phone					
Mobile					
E-mail					
Emergency Contact	:				
NAME First name			Phone		
Dog					
Dogs name	Breed	Sex	Age	Weight	
Chip-no.		Color	Neutered	Hight	
Davisanlas					
Remarks: (Medicationen, intolerances, abnormalities)					
I confirm that I have read and accepted the customer registration sheet and the terms and conditions.					
Date / Signature					

Your dog day care center with passion, heart and professional experience

Your data will be treated confidentially and will not be passed on to third parties!