



Paws in Paradise NYC
410 5th Ave, Brooklyn, NY, 11215
Tel: (718)-768-1888 Fax: (718)-768-3888
Email: answers@pawsinparadiseny.com

Enrollment Application

Parent Information

Name: _____
Street: _____
City: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail: _____ FaxNo: _____

Pet Information

Pet's Name: _____ DOB: _____
Breed: _____ Color: _____ Weight: _____
Circle: Cat / Dog Male / Female Spayed / Neutered

Pet Information (2 Pet Households)

Pet's Name: _____ DOB: _____
Breed: _____ Color: _____ Weight: _____
Circle: Cat / Dog Male / Female Spayed / Neutered

Veterinarian Information

Name of Vet/Facility: _____
Address: _____
Phone: _____ FaxNo: _____ Email: _____

Emergency Contact

Name: _____ Contact Number: _____
Name: _____ Contact Number: _____

Authorized Pickup (Must have identification Ex: Drivers License)

Name: _____ Contact Number: _____
Name: _____ Contact Number: _____

Credit Card Information (Optional)

Circle: Amex/Visa/Mastercard/Discover
Name of Card Holder: _____ Exp Date: _____
Credit Card: _____ Billing Zip Code: _____ Security Code: _____