

EQuality Dog Training  
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Office Use  
Date Received \_\_\_\_\_  
Interviewed \_\_\_\_\_  
Entered in Computer \_\_\_\_\_

## Emergency Contacts

EQuality Dog Training requires that we have emergency local contacts on file in case of an emergency. This is also to include a contact to take the dog if needed.

**Please complete the following.**

Client's name: \_\_\_\_\_

### 1st Local Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

### 2nd Local Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

### 3rd Local Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_