

Quail Creek Critters Club

Please fill out the form(s) and return them to Karen Morey, 417 N Alexis Loop by mail or drop off in the Critters Club box by her door. If you have the capability you can scan in the completed forms and email to the following email address.

crittersclub@gmail.com

Membership into the Critters Club includes our Pet Recovery Program and requires an annual dues payment of \$10.00 (Payable to Critters Club) per household per calendar year. After July 1st new members have the option of paying \$15 to cover the remainder of the current year and all of the next year.

The Identification Form is for entry into the Pet Recovery Program. Please provide a picture of your pet (one per ID form) for the space provided.

If your picture doesn't fit we can edit it for you. If you don't have a current picture we will be happy to make one for you. If you check the box above, we will contact you to see how we can help.

If your pet is missing, the guardhouse should be advised by calling them at 393-2941. Please provide name, size and color. You should also call Dick Jones (520-250-3108) or Karen Morey (562-533-5588) and they will give additional information to patrol. The Pet Recovery program is an on-going process and we update the information regularly. The Club has purchased an additional microchip reader that is on permanent loan to QC Patrol. They are available 24/7/365.

The money we collect goes to paying for the pet recovery program, speaker expenses, donations to animal shelters, office expenses, our own website and improvements to our dog park. All this takes money, but is well worth the expense.

The Critters Club manages the Dog Park on behalf of the community and is the only QC chartered club that is concerned about these facilities.



(Scan this code for our website)

Quail Creek Critters Club Board
www.qcCrittersClub.com

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Identification Form

(One pet per page)
(place photo here or email to: crittersclub@gmail.com)

Pet's Name _____ Male Female

Breed _____ Coloring _____

Special markings _____

Weight (approx) _____ Shoulder Height _____

Microchip # _____

Owner's Name(s) _____
(Last) (First)

Address _____

Phone # _____

Cell # _____

Email _____

Residency: Full time Winter only (2-6 months)