



FACILITY INFORMATION FORM

Name of Facility: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Telephone Number: _____

E-mail Address: _____

Type of Facility: _____

Number of Residents: _____

Any other information you would like to share with us: _____

Fax or e-mail this form to:

Pets on Wheels
1730 New Brighton Blvd. #273
Minneapolis, MN 55413

MNPetsonWheels@aol.com

Fax: 763.571.0843