



Registration Form

Owners:		
Address:		
City:	State:	Zip:
Home:	Work:	Cell:
Dog:	Breed:	Color:
Weight:	Age: DOB:	Spayed or Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Who else is authorized to drop off/pick up your pet?		
Instructions in case of emergency: _____ _____		

Medical Information	
Veterinarian: Dr. _____ at _____ Clinic/Hospital	
Address: _____ Phone: _____	
Allergies (if any) _____	
Current Medications _____ Frequency & time administered _____	
Does your dog have any physical disabilities or pre-existing medical conditions? <input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please explain and if medication is used to control the condition, please provide medication name and dosage: _____	
Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please explain: _____	
Diet Info: Regular Food Brand _____ Feeding Times _____ QTY cups _____	
Feeding Instructions: _____	
Has your dog ever shared his/her food or toys with other animals? <input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, how does your dog react to another dog approaching his/her food or toys?	
Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her? <input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, what were the circumstances and how did you respond?	
Has your dog ever growled at someone? <input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, what were the circumstances and how did you respond?	
Has your dog ever bitten someone? <input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, what were the circumstances and how did you respond?	
Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, what were the circumstances?	
How does your dog react to another dog approaching in a park, at the beach or on a walk? On Leash: _____ Off Leash: _____	