

REGISTRATION FORM

OWNER INFORMATION:

First name: _____ Last name: _____

Address (City, State, Zip): _____

Credit card: _____ Expiration: _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail: _____

In case of emergency, where, and at what phone number can you be reached?

PET INFORMATION:

Dog name: _____ Dog name: _____

Breed: _____ Breed: _____

Age: _____ Age: _____

Spayed or neutered?: _____ Spayed or neutered?: _____

Illnesses or health concerns:

Instructions for medication:

Has your dog ever bitten a person? _____ Another dog? _____

Has your dog ever been bitten or attacked by another dog? _____

Does your dog ever growl? _____ Snarl? _____ Bare teeth? _____

Please explain:

Has your dog been crate trained?

FEEDING INSTRUCTIONS:

Dog: _____ Dog: _____

Type of food: _____ Type of food: _____

Amount per day: _____ Amount per day: _____

Feedings per day: _____ Feedings per day: _____

VET INFORMATION:

Dr.: _____ at: _____

Phone: _____

**WE REQUIRE PROOF OF UP-TO-DATE
VACCINATIONS BEFORE YOUR DOG CAN
STAY WITH US!!!**