



REGISTRATION FORM

Additional Pet Pet's Information

Name: _____ Age: _____ Breed: _____

Male / Female: _____ Spayed / Neutered: _____

Name of Vet and/or Clinic: _____

Diet:

- Twice daily
- AM only
- PM only

Quantity: _____

Is your dog a good eater? Yes / No / Sometimes

Wet food OK if not eating? Yes / No

If staying together, do your dogs eat together? Yes / No

Please check any of the following that pertain to your dog:

- Medication daily
- Medication "as needed"
- Allergies
- Fear of thunderstorms
- Fear of other dogs
- Dog aggression
- Food aggression
- Will tear up blankets
- Will tear up beds
- _____

Has your dog ever been boarded before? Yes / No

How did they do? _____

How did you hear about us?
