Passage East Kennels Customer & Pet Registration Form

Tell Us About Yourself!		
Primary Owner Name:		
Email Address:		
Phone Numbers (Please circle best nur	nber to reach you):	
Home:		
Cell:		
Other:		
Street Address:		
Town:	State	Zip
Additional Contact Name:		
Relationship:		
Phone Number:		
Vet Practice:		
How did you hear about us?		
Tell Us About Your Dog!		
Name:		
Breed (list breeds if mixed):		
Weight: Sex: S	Spayed/Neutered? Yes	No Age:
	(cont.)	

History

How long have you had your dog?

Has your dog ever attended daycare or played in a pack-style setting before?

Has your dog ever boarded before? If so, where? (Kennel, veterinarian, etc)?

Has your dog ever bitten another dog or person?

Health & Medical

Please describe your dog's regular appetite. (circle one)

Never skips a meal Sometimes skips or doesn't finish meals

Very picky/often skips meals

Please list any health conditions you are aware of and/or recent hospitalizations/ medical procedures.

Please list any food, medical, or environmental allergies you are aware of.

Is your dog prone to hot spots? _____

(cont.)

Temperament & Personality

Does your dog get along with other dogs? (circle one):		No	Not Sure		
Does your dog like to dig? (circle one):	Yes	No	Not Sure		
Has your dog climbed or jumped a fence? (circle one):	Yes	No	Not Sure		
Does your dog growl/snap when food is taken away?	Yes	No	Not Sure		
Does your dog growl/snap when toys are taken away?		No	Not Sure		
Please describe your dog's energy level (circle one):	Low	Mediu	m High		
Please describe your dog's play style (circle all that apply).					

Shy/Timid	Loves to play	Rough & Tumble

Likes to chase	Likes to hang with people
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Please share any additional information that will help us give your dog the best experience at Passage East.

Multi-Pet Families Only

Can your dogs share a run or crate?	Yes	No
Do your dogs need to be separated at meals?	Yes	No

Have your dogs ever gotten in a serious altercation for any reason?

Thanks and see you soon!