



REGISTRATION FORM

Owner's Information

Name: _____ Contact Number: _____

Secondary Number: _____

E-mail: _____

Address: _____

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

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
 - _____
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Has your dog ever been boarded before? Yes / No

How did they do? _____

How did you hear about us? _____