

Passage East Kennels

Registration Form: Daycare & Boarding (MULTI DOG)

Tell us about yourself...

Name: _____

Additional Parent Name: _____

City: _____

Address: _____

State: _____ Zip: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Email: _____

Emergency
Contact(s): _____

Phone: 1. _____ 2. _____

Who else is authorized to pick up your dog? _____

How did you hear about us? _____

Referred by: _____

Tell us about your dog

Name: _____ Breed: _____

Birth date: _____ Male / Female Weight(aprox): _____

Color: _____

Spayed/Neutered: Yes / No If not, when? _____

How long have you had the dog? _____

Where did you get your dog? _____

Does your dog get along with other dogs? _____

Has your dog ever bitten another dog or person? _____

Does your dog growl or snap when food or toys are taken away? _____

Does your dog like to dig? _____

Has your dog ever climbed or jumped a fence? _____

Please describe any behavioral problems you might know of: _____

Is there anything else we should be aware of? _____

Tell us about your dog's health

Animal Hospital: _____

City: _____ State: _____

Veterinarian: _____ Phone: _____

List any allergies: _____

List any medical conditions: _____

Tell us about your 2nd dog

Name: _____ Breed: _____

Birth date: _____ Male / Female Weight(aprox): _____

Color: _____

Spayed/Neutered: Yes / No If not, when? _____

How long have you had the dog? _____

Where did you get your dog? _____

Does your dog get along with other dogs? _____

Has your dog ever bitten another dog or person? _____

Does your dog growl or snap when food or toys are taken away? _____

Does your dog like to dig? _____

Has your dog ever climbed or jumped a fence? _____

Please describe any behavioral problems you might know of: _____

Is there anything else we should be aware of? _____

Would you like the dogs to sleep together overnight? _____

Have the dogs ever gotten into an altercation while living at home? If yes elaborate.

Tell us about your dog's health

List any allergies: _____

List any medical conditions: _____