



Registration Form

Date: _____

Client Information		
Name:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
E-Mail Address:		
Were you referred by anyone? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Please provide their name (so we can thank them!):		
Emergency Contact Information		
Emergency Contact (someone not traveling with you):		
Relation:	Phone Number:	
Name of any other individual(s) authorized to pick up your pet?		
Veterinarian Information		
Veterinarian Clinic/Doctor Name:		
Address:		
City:	State:	Phone:

Guest Information	
Name:	Canine: <input type="checkbox"/> Feline: <input type="checkbox"/>
Breed:	
Spayed/Neutered: YES NO	Microchipped: YES NO
Color/Markings:	
Date of Birth (aprox):	
How long have you had your pet?	
Did pet come from Rescue? Store? Breeder? Stray? Other?	
Professional obedience education: (circle all that apply) NONE IN-HOME GROUP CLASSES PRIVATE LESSONS	
Has your pet been boarded before? YES NO If yes, were there any issues or things we should be aware of?	
Health Information (Dog & Cat)	
Vaccination Expiration Dates (Canine): Rabies: _____ DHLPP: _____ Bordetella: _____	Vaccination Expiration Dates (Feline): Rabies: _____ FVRCP: _____ Negative FeLV test done: _____ FIV test: POSITIVE NEGATIVE N/A
Any allergies to medication, food, or treats?	
Describe any eye, ear, or skin problems:	
Describe any recent vomiting, diarrhea, constipation or trouble urinating:	

Describe any pre-existing medical conditions your pet may have?		
Has your pet had any major surgeries?	YES	NO
If yes, please provide approximate dates:		
If you have a dog, can he/she climb stairs?	YES	NO
Does your pet require any medications?	YES	NO
If yes, please explain in detail how much and at what time of day?		
Name _____	Amount _____	Frequency _____
Name _____	Amount _____	Frequency _____
Name _____	Amount _____	Frequency _____
Other medication notes:		
Diet and Nutrition		
Please provide details of your dog's diet – type of food, canned, dried, etc.		
What time does your dog usually get fed? How many times per day?		
In the event that your dog becomes a finicky eater, may we add a small amount of canned food as encouragement?		
	YES	NO
Does your dog get treats at home? Any particular time or type?	YES	NO

Behavioral Questions: Dog		
Is your dog house trained?	YES	NO
Does your dog have any bathroom related issues or concerns? If yes, please describe:	YES	NO
Describe your dog's general personality? (outgoing? timid? affectionate? protective? independent? aggressive? playful? etc.?)		
Has your dog ever growled or bit another PERSON or PET? If yes, what were the circumstances?		
Are there any particular types of people your dog seems to fear or dislike? (men, women, people with hats, etc.?)		
Can you take food away from your dog without them growling?	YES	NO
Has your dog ever jumped a fence or barrier? If yes, please describe?		
Does your dog have a favorite petting spot? If yes, describe where it is so we'll be sure to pet them there!	YES	NO
Are there any areas of your dog's body where he/she doesn't like to be touched?		
Does your dog like to be brushed?		
Is your dog frightened of thunderstorms or fireworks? Describe your dog's behavior in these circumstances:		
Is your dog an escape artist? If yes, explain.		

What type of activity does your dog enjoy? (running, fetching things, sprinklers, or just would rather sit around!)

Anything else you would like us to know about your dog?

Behavioral Questions: Cat

Is your cat litter-box trained? YES NO

Does your cat have any bathroom-related issues or concerns? YES NO
If yes, please explain:

Describe your cat's activity level (playful, shy, independent, etc.):

Does your cat like to be brushed? YES NO

Is there any place your cat does not like to be touched? YES NO
If yes, where?

Does your cat become stressed around dogs? YES NO
Please explain:

Anything else you would like us to know about your cat?