



Registration

Client Profile-

Owner's Name: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact Information:

Name: _____ Number: _____ Relation: _____

Name: _____ Number: _____ Relation: _____

Others authorized to pick-up my pet: _____

Veterinary Clinic: _____

Clinic Address: _____ Phone: _____

Name of Veterinarian: _____

Pet Profile-

DOG #1:

Pet's Name: _____

Sex: Male Female Spayed Neutered Approx. Weight: _____

Breed Type/Mix and Color: _____

How would you describe your pup's temperament? _____

What do you feed your pup, how much, and how often? _____

Is your pup allergic to any food, medication, or treat? If so, please list: _____

Date of Birth: _____ How long have you had your pup? _____

Your pup is from: Shelter Breeder Store Stray Other

Has your pup received any obedience training? _____

Has your pup been boarded or attended doggie daycare before? _____

If so, please describe your experience(s): _____

Medical Information-

Date of Last Physical Exam: _____

Date of DHLPPC(1 or 3 years?): _____

Date of Rabies(1 or 3 years?): _____ Date of Bordatella: _____

Date of Heartworm Test: _____ Type of Heartworm Prevention: _____

Type of Flea/Tick Prevention: _____ Last Fecal Exam: _____

Does your pup have any past or present medical conditions and/or injuries that we should be aware of? _____

Are there any restrictions on your pup's activity? _____

Is your pup taking any medication? If so, please list the name, and if necessary, its administration instructions: _____

Personality Profile-

Please circle the following that apply:

Digger	Outgoing	Could Bite
Jumps	Shy	Will Show Teeth
Protective	Sticks to one person	Moves Away
Licker	Affectionate	Loveable Angel
Fear of loud noises	Dominate	Social Butterfly
Hates the rain	Independent	Bully
House broken	Barker	Plays well with kids
Wee wee pad trained	Excitable	Plays well with other dogs
Likes women	Toy aggressive	Plays well with puppies
Likes men	Food aggressive	Plays well with little dogs
Other -	Territorial	Plays well with big dogs

Please state if your pup has any sensitivities to being touched and any unusual behaviors:

Has your pup ever bitten a person and/or another pup? _____

Please state if there is any other relevant information that you would like us to know

about your pup: _____

DOG #2: (If you only have one dog the following does NOT apply)

Pet's Name: _____

Sex: Male Female Spayed Neutered Approx. Weight: _____

Breed Type/Mix and Color: _____

How would you describe your pup's temperament? _____

What do you feed your pup and how much? _____

Is your pup allergic to any food, medication, or treat? If so, please list: _____

Date of Birth: _____ How long have you had your pup? _____

Your pup is from: Shelter Breeder Store Stray Other

Has your pup received any obedience training? _____

Has your pup been boarded or attended doggie daycare before? _____

If so, please describe your experience(s): _____

Medical Information-

Date of Last Physical Exam: _____

Date of DHLPPC(1 or 3 years?): _____

Date of Rabies(1 or 3 years?): _____ Date of Bordatella: _____

Date of Heartworm Test: _____ Type of Heartworm Prevention: _____

Type of Flea/Tick Prevention: _____ Last Fecal Exam: _____

Does your pup have any past or present medical conditions and/or injuries that we should be aware of? _____

Are there any restrictions on your pup's activity? _____

Is your pup taking any medication? If so, please list the name, and if necessary, its administration instructions: _____

Personality Profile-

Please circle the following that apply:

<i>Digger</i>	<i>Outgoing</i>	<i>Could Bite</i>
<i>Jumps</i>	<i>Shy</i>	<i>Will Show Teeth</i>
<i>Protective</i>	<i>Sticks to one person</i>	<i>Moves Away</i>
<i>Licker</i>	<i>Affectionate</i>	<i>Loveable Angel</i>
<i>Fear of loud noises</i>	<i>Dominate</i>	<i>Social Butterfly</i>
<i>Hates the rain</i>	<i>Independent</i>	<i>Bully</i>
<i>House broken</i>	<i>Barker</i>	<i>Plays well with kids</i>
<i>Wee wee pad trained</i>	<i>Excitable</i>	<i>Plays well with other dogs</i>
<i>Likes women</i>	<i>Toy aggressive</i>	<i>Plays well with puppies</i>
<i>Likes men</i>	<i>Food aggressive</i>	<i>Plays well with little dogs</i>
<i>Other -</i>	<i>Territorial</i>	<i>Plays well with big dogs</i>

Please state if your pup has any sensitivities to being touched and any unusual behaviors:

Has your pup ever bitten a person and/or another pup? _____

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