



BOARDING AND DOGGIE DAYCARE REGISTRATION FORM

Date :: _____

:: All Fields in RED are REQUIRED ::

CLIENT INFORMATION

Owner Name :: _____

Other Owner Name :: _____

Address :: _____

City :: _____ State :: _____ Zip Code :: _____

Email Address :: _____

Cell Phone :: _____ Home Phone :: _____ Work Phone :: _____

How did you find us? Google Yahoo Website Yellow Pages Radio Advertisement
 Walk-In Friend Veterinarian

Comments :: _____

EMERGENCY CONTACT INFORMATION

Name :: _____ Phone :: _____

Email Address :: _____

PET INFORMATION

Name :: _____ Gender :: Male Female

Breed :: _____ Spayed/Neutered :: Yes No

Colors/Markings :: _____

Birthdate (mm/dd/yyyy) :: _____

If unknown, please pick a date using your best guess

Nicknames :: _____

Who besides yourself is authorized to pick-up your dog(s)?

Name :: _____

MEDICAL INFORMATION

Veterinarian :: _____

City :: _____ State :: _____ Zip :: _____ Phone :: _____

Does your dog take any medications? No Yes - please list below

Medication ::	Dosage/Directions ::	Will we be administering ?
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

:: continued on back ::



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ADDITIONAL INFORMATION

- Has your dog ever been in daycare before? No Yes
- Is your dog crate trained? No Yes
- Is your dog housetrained? No Yes – do you use a command? _____
- What brand/type of food do you feed your dog? _____
- Will we be feeding while at The Canine Connection? No Yes
- Can your dog have treats while at The Canine Connection? No Yes
- Does your dog have any allergies? No Yes – explain _____
- Does your dog have any past or current injuries? No Yes – explain _____
- Is your dog frightened by any noises/actions? No Yes – explain _____
- Is your dog toy or food aggressive? No Yes – explain _____
- Does your dog play well with others? Yes No – explain _____
- Does your dog enjoy playing with specific size, breed or sex of dog? No Yes – explain _____
- Has your dog ever attacked another dog or been in a dog fight? No Yes – explain _____
- Has your dog ever attacked or killed a cat? No Yes
- Has your dog had any obedience training? No Yes – explain commands _____
- Are there any specific kinds of people your dog automatically fears or dislikes? _____
- Has your dog ever growled at a person? No Yes – explain _____
- Has your dog ever bitten a person? No Yes – explain _____
- Has your dog ever jumped/climbed a fence? No Yes – height? _____

FOR OFFICE USE ONLY

Vaccinations

- Bordetella _____
- Rabies _____
- DHLP _____