

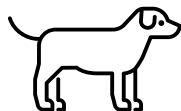


# Registration Form

## YOUR INFORMATION

|                   |       |               |       |
|-------------------|-------|---------------|-------|
| Owner First Name: | _____ | Phone #1:     | _____ |
| Owner Last Name:  | _____ | Phone #2:     | _____ |
| Address Line #1:  | _____ |               |       |
| Address Line #2:  | _____ | Email Add #1: | _____ |
| City:             | _____ | Email Add #2: | _____ |
| State:            | _____ |               |       |
| Zip Code:         | _____ |               |       |

## YOUR PET'S INFORMATION



PET PHOTO

|                               |                                 |                          |                          |               |
|-------------------------------|---------------------------------|--------------------------|--------------------------|---------------|
| Name:                         | _____                           | YES                      | NO                       |               |
| Nickname:                     | _____                           | <input type="checkbox"/> | <input type="checkbox"/> | Altered       |
| Breed:                        | _____                           | <input type="checkbox"/> | <input type="checkbox"/> | Potty Trained |
| Color:                        | _____                           | <input type="checkbox"/> | <input type="checkbox"/> | Microchip     |
| Birthday:                     | _____                           |                          |                          |               |
| <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | Chip#:                   | _____                    |               |

## MEDICAL & EMERGENCY INFORMATION

|                       |       |                     |       |
|-----------------------|-------|---------------------|-------|
| Medical Condition(s): | _____ | Preferred Hospital: | _____ |
| Medication(s):        | _____ | Allergies:          | _____ |
| Dosage:               | _____ | Instructions:       | _____ |
| Schedule:             | _____ |                     | _____ |

## VETERINARY INFORMATION

|           |       |         |       |
|-----------|-------|---------|-------|
| Name:     | _____ | Phone#: | _____ |
| Address:  | _____ |         |       |
| City:     | _____ | Email:  | _____ |
| State:    | _____ |         | _____ |
| Zip Code: | _____ |         |       |

## EMERGENCY CONTACT INFORMATION

|               |       |         |       |
|---------------|-------|---------|-------|
| Name:         | _____ | Phone#: | _____ |
| Relationship: | _____ |         |       |
|               | _____ | Email:  | _____ |
|               |       |         | _____ |



# About your Dog



## BEHAVIOR



☐ YES ☐ NO Is your dog food or toy possessive?

Comments:

☐ YES ☐ NO Has your dog ever bitten another pet or human? (If yes, please explain)

Comments:

Comments:

☐ YES ☐ NO Does your dog suffer from separation anxiety? If yes, how do you handle this?

Comments:

☐ YES ☐ NO Is your dog fearful of loud noises, including thunder & lightning? If yes, how afraid?

☐ Just a little ☐ Very afraid ☐ Needs to be medicated

Comments:

☐ YES ☐ NO Does your dog have any other fears or anxieties?

Comments:

☐ YES ☐ NO Additional information:

Comments:



## WALKS & OUTDOORS



☐ YES ☐ NO Does your dog walk with a harness?

Comments:

☐ YES ☐ NO Will your dog go out in the rain?

Comments:

☐ YES ☐ NO On walks, is your dog reactive when it sees people or other dogs? If yes, how do you manage this situation?

Comments:

☐ YES ☐ NO How often do you walk your dog? How long each time?

Comments:



# Communication with your Dog

## TRAINING & COMMANDS

## WORDS YOUR DOG UNDERSTANDS

☐ YES ☐ NO Is your dog house trained?

Treats: \_\_\_\_\_

☐ YES ☐ NO Do they respond to commands?

Dinner Time: \_\_\_\_\_

☐ YES ☐ NO Do they know how to sit?

Nicknames: \_\_\_\_\_

☐ YES ☐ NO Do they jump on people?

Walk: \_\_\_\_\_

☐ YES ☐ NO Additional information:

Potty / Outside: \_\_\_\_\_

## PLAYTIME



☐ YES ☐ NO What is your dog's favorite game to play?

Comments: \_\_\_\_\_

☐ YES ☐ NO What is your dog's favorite form of affection?

Comments: \_\_\_\_\_

## ADDITIONAL INFORMATION



Approximately how much water does your dog drink in a day?

Comments: \_\_\_\_\_

What is your dog's favorite form of affection?

Comments: \_\_\_\_\_

What are the typical potty times?

Comments: \_\_\_\_\_

Instructions for when your dog is left alone?

Comments: \_\_\_\_\_

## SUPPLY LIST



☐ Food

☐ Crate

☐

Collar

☐ Food Bowl

☐ Dog Bed

☐

Leash

☐ Treats

☐ Blanket

☐

Harness

☐ Toys

☐ Medications

☐

Poop Bags

☐

☐

☐

Any other Special Items your dog needs: \_\_\_\_\_