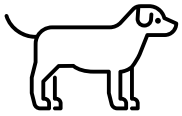
Registration Form

YOUR INFORMATION

Owner First Name: _____
Owner Last Name: _____
Address Line #1: _____
Address Line #2: _____
City: _____
State: _____
Zip Code: _____

Phone #1: _____
Phone #2: _____
Email Add #1: _____
Email Add #2: _____

YOUR PET'S INFORMATION



PET PHOTO

Name: _____
Nickname: _____
Breed: _____
Color: _____
Birthday: _____

	YES	NO	
	☐	☐	Altered
	☐	☐	Potty Trained
	☐	☐	Microchip

☐ MALE ☐ FEMALE

Chip#: _____

MEDICAL & EMERGENCY INFORMATION

Medical Condition(s): _____
Medication(s): _____
Dosage: _____
Schedule: _____

Preferred Hospital: _____
Allergies: _____
Instructions: _____

VETERINARY INFORMATION

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Phone#: _____
Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____
Relationship: _____

Phone#: _____
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

TRAINGING & COMMANDS

☐ YES	☐ NO	Is your dog house trained?	
☐ YES	☐ NO	Do they respond to commands?	
☐ YES	☐ NO	Do they know how to sit?	
☐ YES	☐ NO	Do they jump on people?	
☐ YES	☐ NO	Additional information:	

WORDS YOUR DOG UNDERSTANDS

Treats: _____

Dinner Time: _____

Nicknames: _____

Walk: _____

Potty / Outside: _____

PLAYTIME





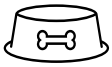

☐ YES ☐ NO What is your dog's favorite game to play?

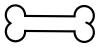
Comments:

☐ 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: _____