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Tell Us About Yourself

E-mail (Required)		
Name: Last	First	
Address 1:	Address 2:	
City:	State: Zip:	
Home Phone:	Work Phone: Mobile Phone:	
Emergency Contact Name:	Emergency Phone:	
Who else is authorized to drop off/pick up the pet?		
How did you hear about us?	• •	
Instructions in Case of Emergency		
Does your dog currently have a microchip or a tattoo?		
Microchip ℂ Tattoo ℂ		
If so, where is the dog registered?		
Tell Us About Your Pet		
Name:	Breed:	
Date of Birth/Age:	Sex: Female Male	
Snaved/Neutered: Ves C No.	6	

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Weight: Color:
How does your dog get along with other dogs? (Choose words that apply)
☐ Friendly ☐ Playful ☐ Shy ☐ Cautious ☐ Ambivalent ☐ Fearful
How does your dog get along with people? (Choose words that apply)
☐ Friendly ☐ Playful ☐ Shy ☐ Cautious ☐ Ambivalent ☐ Fearful
If other, please describe
Has your dog ever been bitten? Yes ○ No ○
Has your dog used any daycare/boarding facility before? Yes ○ No ○
If yes, which ones within the last year?
-
◆
Has your dog ever attended formalized obedience training? Yes ○ No ○
Does your dog know basic commands (i.e. sit, come, & stay)? Yes O No O
Does your dog guard food or toys? Yes ○ No ○
Do you take your dog to public dog parks? Yes ○ No ○
Has your dog bitten another dog or human that resulted in broken skin? Yes $ \cap $ No $ \cap $
What does your dog love?
<u> </u>
▼
What does your dog dislike?
_
▼
What kind of situation might cause your dog to become aggressive?
Strate of Strate of High Strate of the Become aggressive:
•

Tell Us About Your Dog's Health

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Veterinarian:	Dr. at Clinic /Hospital:	
Address:	Phone Number:	
Please describe your pet's general health. Include any current medical conditions:		
1		
Allergies (if any):	Current medications:	
Frequency and time administered: Date of last complete physical exam:		
Vaccination	Date /Administered	
Rabies		
DHLP		
Parvo		
Bordatella		
Heartworm Medication:		
Flea Prevention Program: Note: Please check your dog for fleas prior to arrival. We reserve the right to inspect for fleas and refuse admittance to flea carrying dogs.		
Tell Us About Your Dog's Diet		
Regular Food:	Brand:	
Feed Times: Quantity:		
Do you have any other comments or special instructions?		

Upon your pet's first visit with us, you will be asked to sign the required Release Form verifying the information on this registration form. If someone other than yourself (the owner as identified in this registration form) will be dropping off your dog for its first stay at fido fido, you will need to send a signed release form in advance. Under no circumstances, may a dog be left in fido fido's care without a signed release.

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