



## Registration Form

Dog's  
Name: \_\_\_\_\_

Owner's Name  
(first/last): \_\_\_\_\_

Email  
address: \_\_\_\_\_

Home tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work  
tel: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal  
code: \_\_\_\_\_

Physical Address (if  
different): \_\_\_\_\_

How did you hear about  
us: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

APPROVED PICK UP LIST – This will authorize the person to pick up your dog in your  
absence.

(must have matching photo ID)

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Your  
veterinarian: \_\_\_\_\_

Location: \_\_\_\_\_  
—

Phone: \_\_\_\_\_  
—

## Your Dog's Information



Breed: \_\_\_\_\_

Color: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Registration #: \_\_\_\_\_

Microchip #: \_\_\_\_\_ Spayed/Neutered (Y/N): \_\_\_\_\_ Vaccinated (Y/N): \_\_\_\_\_

**Vaccination requirement:** please fill in gaps with expiry date and attach a copy of proof of vaccination to this form. All guests are required to be up to date the entire stay with us.

Rabies: \_\_\_\_\_ Bordatella: \_\_\_\_\_

Annual\*: \_\_\_\_\_ (\*minimum: Canine Distemper and Parvovirus)

Dog's weight (lbs): \_\_\_\_\_

### Your Dog's Personality

Is your dog friendly towards people? (Y/N) \_\_\_\_\_ If not, please expand \_\_\_\_\_

\_\_\_\_\_

Is your dog friendly towards other dogs? (Y/N) \_\_\_\_\_ If not, please expand \_\_\_\_\_

\_\_\_\_\_

Would you like your dog to participate in group play times? (Y/N) \_\_\_\_\_ If so, is there anything you would like us to know about your dog's play style? \_\_\_\_\_

\_\_\_\_\_



Can your dog climb/jump a 6' chain link fence? \_\_\_\_\_

Is there a history of your dog escaping? (Y/N) \_\_\_\_\_ If so, please expand \_\_\_\_\_

—

Has your dog been boarded before? (Y/N) \_\_\_\_\_ If so, where? \_\_\_\_\_

—

And how was that experience for you/your dog? \_\_\_\_\_

—

Is there anything else you would like us to know about your dog? \_\_\_\_\_

—

—

Please list any current health problems or concerns your dog may have: \_\_\_\_\_

—

Feeding instructions: \_\_\_\_\_

Medication instructions: \_\_\_\_\_

Any allergies your dog may have that you are aware of: \_\_\_\_\_

Anything else you would like to share with us about your dog? \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_