



Registration Form

Dog's
Name: _____

Owner's Name(first/last): _____

Email address: _____

Home tel: _____ Mobile: _____ Work: _____

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)

(1) Name: _____ Phone: _____

(2) Name: _____ Phone: _____

Your veterinarian: _____

Location: _____

Phone: _____

Your Dog's Information

Breed: _____ Color: _____

DOB: _____ Sex (M/F): _____ Spayed/Neutered (Y/N): _____

Microchip #: _____ Registration #: _____

Dog's weight (lbs): _____ Vaccinated (Y/N): _____

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

Rabies: _____ Bordetella: _____

Annual*: _____ (*minimum: Canine Distemper and Parvovirus)



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:_____

Owner's Signature:_____ Date:_____