



Registration Form

Names Of Both Dogs: _____

Owner's Name (first/last): _____

Email address: _____

Home tel: _____ Mobile: _____ Work tel: _____

Mailing Address: _____

City: _____ Postalcode: _____

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 First Dog's Information

Name: _____ Breed: _____

Color: _____ Weight (lbs): _____

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 guest are required to be up to date the entire stay with us.

Rabies: _____ Bordatella: _____

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: _____

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

Owner's Signature: _____ Date: _____



Your Second Dog's Information

Name: _____ Breed: _____

Color: _____ Weight (lbs): _____

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 guest are required to be up to date the entire stay with us.

Rabies: _____ Bordatella: _____

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? _____

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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: _____