



## Registration Form (3 Dogs)

Names Of All Three Dogs: \_\_\_\_\_

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

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

Home: \_\_\_\_\_ 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)

(1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Location: \_\_\_\_\_

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



### Your First Dog's Information

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

Color: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

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

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

\_\_\_\_\_

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



**Your Second Dog's Information**

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

Color: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

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

Microchip #: \_\_\_\_\_ Registration #: \_\_\_\_\_ Vaccinated (Y/N): \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_

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



### Your Third Dog's Information

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

Color: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

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

Microchip #: \_\_\_\_\_ Registration #: \_\_\_\_\_ 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.

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

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\_\_\_\_\_

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