



Additional Pets Registration Form

Client Information

Client Full Name: _____

Email address: _____

Pet Information

Please note: This information is just for registration purposes. You may need to complete additional forms regarding your pet's health prior to boarding and/or daycare.

Pet's Name _____

Dog Cat Breed: _____

Color/markings: _____

Date of Birth: _____ Sex: Male Female Spayed/neutered? Yes No

Yes No Is this pet microchipped? If yes, what is the chip #? _____

Yes No Does this pet have any physical limitations? (Blindness, deafness, arthritis or other joint pain, etc.) If yes please explain: _____

Yes No Does this pet have any allergies? If yes please explain: _____

Yes No Is this pet currently taking any medications? (If yes please fill out medication sheet.)

How many times a day does this pet eat? 1 2 3___ Free Feed Other

Do you want your pet to be given lunch if just here for daycare? Yes No

Yes No Has your pet ever bitten another dog or person? If yes please explain: _____

Yes No Does your pet growl in a playful or warning way? If yes please explain: _____

Yes No Has your pet ever jumped or climbed a fence?

Yes No Does your pet exhibit any leash, food, or toy aggression? If yes please explain: _____

Yes No Does your pet have any injuries or areas on their body that might be touchy? If yes please explain: _____

Yes No Does your dog play well with dogs of all difference sizes? If no, please explain: _____

_____(1-10) Please rate your dog's energy level – 1=low energy (likes to lounge), 10=very high energy (out of control)

Pet's Name _____

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Color/markings: _____

Date of Birth: _____ Sex: Male Female Spayed/neutered? Yes No

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Dog Cat

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