



# Customer Registration Form

## Client Information

Client Full Name \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mobile Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Mobile Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Please list the first & last names of any other individuals who are authorized to pick up your pet(s):

\_\_\_\_\_  
\_\_\_\_\_

## Veterinary Information

Clinic Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ Emergency Phone ( ) \_\_\_\_\_  
Email (if applicable): \_\_\_\_\_

## Pet Information

Please note: This information is just for registration purposes. You will need to complete a more detailed questionnaire regarding your pet's health prior to boarding and/or daycare.

### 1. 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?** How high & what type of 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)

**2. 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?** How high & what type of 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)

*If you have more than 2 pets, please check here, and we will send you an Additional Pet Registration form*

**Signature**

I, the undersigned, hereby acknowledge and certify that all the information provided in this registration form is complete and accurate to the best of my knowledge. I understand that this registration form does not guarantee that my pet(s) will be approved for boarding/daycare until proof of vaccinations have been received from my veterinarian, and all supplementary documentation has been submitted to Wags Stay N Play.

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

Customer Name printed \_\_\_\_\_

