



Dog Registration Form

Your Dog

Pet Name _____

Owner's Name _____

Owner's Address _____

Contact telephone _____

Emergency telephone _____

Microchip number _____

Age of Dog _____

Sex of Dog _____

Registered Vet _____

Vets contact details _____

Medical conditions/ _____

Any known injuries _____

Has the dog been spayed or neutered Yes / No

Vaccination record up to date? Yes / No

Can the dog be walked off lead? Yes / No

Can the dog be walked with other dogs? Yes / No

Temperament – Has your dog ever shown aggression to people and/or animals? Yes / No



All animal owners to sign

I certify that the above information is correct to the best of my knowledge. I will notify Dear Dogs if there should be any changes to the above details.

Name of dog (PLEASE PRINT) _____

Name of owner (PLEASE PRINT) _____

Signature of owner _____

Date _____

