



Welcome to our kennel!

Date: _____

CLIENT REGISTRATION

Your Name: _____
Last First Spouse/Partner

Address: _____
City State Zip

Email: _____

Phone #: _____ Alt Phone # : _____

Preferred method of contact? Email or phone

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

PET INFORMATION

Pet Name: _____

Species: _____

Breed: _____

Color: _____

Date of Birth: _____

Sex: M/F Neutered: Y/N

Weight: _____

Pet Name: _____

Species: _____

Breed: _____

Color: _____

Date of Birth: _____

Sex: M/F Neutered: Y/N

Weight: _____