

(Samantha Chapman's)

All Star Pet Care of Southern NH

Registration Form

Please fill out separate forms for each dog in household

Today's Date: _____

Client Information

Owner First and Last Name: _____

Spouse or Partner Name (If applicable): _____

Address: _____

City: _____ ZIP/PC: _____

Phone: _____ Cell phone: _____

Email: _____

Emergency Contact Info (friend or family): _____

Pet Information

Dog Name: _____

Dog Age & Birth Date: _____

Breed: _____

Weight: _____

Check one: ☐ Male ☐ Female

Check one: ☐ Spayed ☐ Neutered ☐ Unaltered

Pet Health

Dog(s) has received complete immunizations for (check all):

☐ DHLPP ☐ Bordatella (Kennel Cough) ☐ Rabies

Name and phone number of vet: _____

Clinic Name: _____

Medical Conditions: _____

Allergies: _____

Has had flea/tick prevention: ☐ Yes ☐ No

Has had heartworm prevention: ☐ Yes ☐ No

Physical Limitations (sore back, hip dysplasia, etc.):

Pet Background

Are dogs crate-trained? ☐ Yes ☐ No

Do your dogs enjoy other dogs? ☐ Yes ☐ No

How does your dog react to new dogs he or she meets?

Dogs are afraid of:

Dog's preferred reward:

Favorite toys:

Favorite games:

Other notes:

Pet Behavioral Challenges (check all that apply):

☐ Biting or growling at people (explain)

☐ Aggressiveness with other dogs (explain)

☐ Aggressive with/fearful of children (explain)

☐ Shyness

☐ Jumping on people

☐ Jumping over fences

☐ Chewing or digging

☐ Chasing small animals

☐ Escaping out an open door

☐ Excessive pulling on leash

☐ Pulling out of leash

☐ Running away

☐ Other

Feeding

Current feeding schedule:

Feeding instructions (time, amount):

Treats okay?

☐ Yes ☐ No

Any food/treat pet may NOT have?

*****I have read and understood the liability waiver and release form.***

***Client Signature:**

***Date:**
