

# New Client Registration Form

## Ron's Doggie Playhouse

2779 Newburgh Way Reno NV 89523

775-722-4219 | ron@ronsdoggieplayhouse.com



## Client Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Veterinary Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact or Second Owner: \_\_\_\_\_

Others allowed to pick up your pet(s): \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Would you like to receive daily updates with pictures via text message?

\_\_\_\_\_

Anything else you want to tell us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **Pet Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed(Y/N): \_\_\_\_\_

Microchip Number: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_ DOB (If Known): \_\_\_\_\_

Insurance policy? If so, please detail: \_\_\_\_\_

Feeding & Medication Instructions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Aggression & Temperament Issues: \_\_\_\_\_

Does your dog try to escape from enclosed areas? If so please explain.

\_\_\_\_\_

Where does your dog sleep? Dog Bed, Human Bed, Crate or Other?

\_\_\_\_\_

Does your dog have any separation anxiety issues? Is it normal for them to be left alone in a home?

\_\_\_\_\_

Does your dog know any commands? Sit, Stay, Down, Come, Off, Heal, No, Touch, Potty

\_\_\_\_\_

Is your dog crate trained?

\_\_\_\_\_

Anything else you want to tell us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Vaccines (Attach Copy or Email to [ron@ronsdoggieplayhouse.com](mailto:ron@ronsdoggieplayhouse.com))**

Rabies | Expiration Date: \_\_\_\_\_

DPP | Expiration Date: \_\_\_\_\_

Bordetella | Expiration Date: \_\_\_\_\_

Influenza | Expiration Date: \_\_\_\_\_