



**Daycare/Boarding Registration Form**

*\*\*Please complete a separate form for each dog in the household.\*\**

**Client Information**

Owner's First and Last Name: \_\_\_\_\_

Spouse/Partner Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Typical Work Hours: \_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_

Alternate Person Who May Pick Up Your Dog: \_\_\_\_\_

Special Password: \_\_\_\_\_

**Pet Information**

Dog's Name: \_\_\_\_\_

Dog's Age & Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_

Weight: \_\_\_\_\_

Check One:  Male  Female

Check One:  Spayed  Neutered  Unaltered

Valid Tag or License # \_\_\_\_\_

Microchip or Tattoo # \_\_\_\_\_

**Pet Health (a photocopy of immunization record must be provided)**

My dog has received complete immunizations for (check all that apply):

DHLPP  Bordatella (Kennel Cough)  Rabies

Name and phone number of vet: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

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

Current on flea/tick prevention? \_\_\_\_\_

Current on heartworm prevention? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Insured? \_\_\_\_\_

Name of Company: \_\_\_\_\_

**Pet Background**

Previous Obedience training: \_\_\_\_\_

Previous Daycare/Boarding experience: \_\_\_\_\_

Is your dog crate trained? \_\_\_\_\_

Does your dog enjoy being groomed? \_\_\_\_\_

Does your dog have any sensitive areas? \_\_\_\_\_

How long have you had this dog? \_\_\_\_\_

How does your dog react to new dogs that he/she meets? \_\_\_\_\_  
\_\_\_\_\_

Is there anything that your dog is afraid of? \_\_\_\_\_

What is your dog's preferred reward? \_\_\_\_\_

What are your dog's favorite toys? \_\_\_\_\_

What are your dog's favorite games? \_\_\_\_\_

Is there anything else that I should know about your dog? \_\_\_\_\_  
\_\_\_\_\_

**Pet Behavioral Challenges (please check all that apply):**

Biting or growling at people (please explain) \_\_\_\_\_  
\_\_\_\_\_

Aggressiveness with other dogs (please explain) \_\_\_\_\_  
\_\_\_\_\_

Aggressive with/fearful of children (please explain) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Shyness    \_\_\_\_ Jumping on people    \_\_\_\_ Jumping over fences    \_\_\_\_ Chewing/Digging

\_\_\_\_ Chasing small animals    \_\_\_\_ Escaping out of open doors    \_\_\_\_ Leash pulling

\_\_\_\_ Pulling out of leash/harness    \_\_\_\_ Running away    \_\_\_\_ Other \_\_\_\_\_

**Feeding**

Current feeding schedule: \_\_\_\_\_

Feeding instructions (time, amount): \_\_\_\_\_

Are treats okay? \_\_\_\_\_

Is there any food/treats your dog may NOT have? \_\_\_\_\_

**Payment Terms**

Cost Per Day: \_\_\_\_\_

Cost Per Week: \_\_\_\_\_

I have read and understand the Liability Waiver and Release form.

Client Signature: \_\_\_\_\_

Client Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_