



The Dog House Retreat Boarding & Daycare Registration

CLIENT INFORMATION

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAIN PHONE _____ ALT PHONE _____

EMAIL _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

HOW DID YOU HEAR ABOUT US? IF REFERRAL, BY WHOM? _____

VETERINARY INFORMATION

CLINIC _____

VETERINARIAN _____ PHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DOG #1 INFORMATION

NAME _____ BREED _____

COLOR _____ WEIGHT _____ DOB _____

SEX: M / F SPAY/NEUTER: Y / N PLAYTIME: Y / N

ALLERGIES _____

FEEDING INSTRUCTIONS _____

MEDICATION/INSTRUCTIONS _____

PRE-EXISTING MEDICAL CONDITIONS _____

RESTRICTIONS _____

DOG AGGRESSIVE: Y / N FOOD AGGRESSIVE: Y / N

CAN YOUR DOG CLIMB OR JUMP A 6' FENCE? Y / N

SPECIAL INSTRUCTIONS _____
