Client Registration

Waggin Tails Dog Boarding
2506 Scheid Rd. Huron, OH 44829
(419) 217-9985 l waggintailsdogboarding@gmail.com
waggintailsdogboarding.com

Client Information

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____

Emergency Contact or Second Owner: _____ Phone: _____

Is anyone else allowed to pick up your dog(s) (Y / N) Name(s) : _____

Pet Information

Name: _____ Breed: _____ Sex: (F / M) Fixed: (Y / N)

DOB (If Known): _____ - _____ - _____ Weight: _____ Color: _____

Veterinary Office: _____ Phone: _____

Feeding and/or medication instructions: _____

_____

Food allergies: _____

Behavior/temperament issues? If yes, please explain: _____

Anything else you would like us to know? :) _____

_____

Can we take pictures of your pet and post on our social media accounts? (Y / N)

Required Vaccinations (Please bring or email a copy to waggintailsdogboarding@gmail.com)
Rabies, Bordetella, & DAPP

**If the party named above believes in homeopathy for their pets and to no longer vaccinate using traditional veterinary practices, they must sign this waiver form to receive boarding at this facility, Waggin Tails Dog Boarding.
**If the pet(s) in our care become ill, we will not be held accountable. If your pet(s) causes injury or illness to another pet at our facility, you will be held accountable.
**If your pet(s) bites without the Rabies vaccination, the pet(s) owner is liable for all treatment to staff at Waggin Tails Dog Boarding.

_____ I understand the risk involved in not vaccinating my pet(s) and will not hold Waggin Tails Dog Boarding or its owner liable should my pet(s) become ill due to not being vaccinated.
Initial

_____
Pet Owner Signature