

Client Registration & Pet Intake Form

Waggin Tails Dog Boarding

2506 Scheid Rd. Huron, OH 44829

(419) 217-9985 | 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)

Microchip Number (If Applicable): _____ Weight: _____ Color: _____

DOB (If Known): ____ - ____ - ____

Veterinary Office: _____ Phone: _____

Does your pet have an insurance policy? If yes, please detail: _____

Feeding and/or medication instructions: _____

Food allergies: _____

Food aggression? If yes, please explain: _____

Aggression with other dogs? If yes, please explain: _____

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

Does your pet try to escape from enclosed areas? 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 | Expiration Date: ____ - ____ - ____

Bordetella | Expiration Date: ____ - ____ - ____

DPP | Expiration Date: ____ - ____ - ____

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