

**PET REGISTRATION**

Name: \_\_\_\_\_ Dog Cat Other: \_\_\_\_\_ (circle)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

Diet: \_\_\_\_\_  Dry  Wet  Mix (check all that apply)

**Feeding Instructions:**

---

---

---

**Medications (name, dosage, instructions):**

---

---

---

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

**\*DOGS ONLY:**

\*Bathroom Habits: Outside?  yes  no

\*Fenced in yard or electric fence?  yes  no  leash required

\*Normal routine (after eating, at 5 AM, etc): \_\_\_\_\_

---

---

**Anything else we should know about your pet? (quirks, behaviors, fears):** \_\_\_\_\_

---