



The Balanced Bark

## REGISTRATION FORM

### PERSONAL INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

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

Alternate person who may pick up your dog(s): \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_

\*Please choose a password that only you and those authorized to pick up your dog(s) will know: \_\_\_\_\_

### IN CASE OF EMERGENCY (CONTACT):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

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

### VETERINARIAN:

Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

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

### PET INFORMATION:

Name: \_\_\_\_\_ Sex: Male / Female

Spayed/Neutered: Yes / No

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Breed: \_\_\_\_\_

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

License #: \_\_\_\_\_ Microchip / Tattoo #: \_\_\_\_\_

Please provide a photocopy of immunization record with expiration dates:

Immunizations: Bordetella (Kennel Cough)

DHLPP or DAP

Rabies

Does your dog have any health concerns that you are aware of: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is your dog currently on any medications: \_\_\_\_\_

Does your dog have any allergies? (Food, etc) \_\_\_\_\_

### GENERAL INFORMATION:

Where did you get your dog? \_\_\_\_\_

If adopted, do you have any knowledge of your dog's history: Yes / No

\_\_\_\_\_

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

Has your dog attended daycare before? Yes / No

If yes, which one? \_\_\_\_\_

If yes, was it a positive experience? Yes / No

Please explain your experience: \_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### PET BEHAVIORAL:

Previous obedience training? Yes / No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your dog know any commands? Yes / No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

How does your dog react to new dogs? \_\_\_\_\_

How does your dog react to other dogs? \_\_\_\_\_

How does your dog react to strangers? \_\_\_\_\_

Is your dog reactive around/ fearful of children? \_\_\_\_\_

What other fears or sensitivities does your dog display? \_\_\_\_\_

\_\_\_\_\_

Please check off any other behaviors:

Shyness

Jump on People

Fear bark/ howl/ cry

Chase small animals

Excessive pulling on leash

Guard objects/ food

Has your dog ever growled/bitten/attacked a human? Yes / No

If yes, please describe: \_\_\_\_\_

Are there any parts of the body that your dog does not like to be touched? Yes / No

Does your dog have a special place that they like to be petted or rubbed? Yes / No

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

### FEEDING:

How many times a day do you feed your dog? \_\_\_\_\_

At what time(s)? \_\_\_\_\_

What do you feed your dog and how much at each feeding? \_\_\_\_\_

Is your dog allowed to have treats: Yes / No \_\_\_\_\_

Name any treats your dog is not allowed to have: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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