



Fox Hill Farm & K9 LLC

Payment Type/Amount Paid:

REGISTRATION FORM

Date: _____

Name: _____

Address: _____

City / State / Zip: _____

Phone: _____

Email: _____

Name of Dog: _____

Brand of Food Total /day: _____

Breed: _____

Allergies: _____

Medications: _____

(please circle one)

Gender: Male Female

Social with other dogs: Yes No

Poor Recall: Yes No

Social with people: Yes No

Jumping: Yes No

Good with Nail Clipping: Yes No

Leash Pulling: Yes No

Bite History: Yes No

Ever Growl: Yes No

(if yes, please explain)

Reactive Barking: Yes No

Please share any additional behavior concerns you would like us to evaluate and address
