

ZZ Dogs and Paws Registration Form

Please fill out separate forms for each dog in the household and complete the entire form regardless if it doesn't pertain to selected service. This helps us to create a profile in which you can utilize any service in the future without needing more information

Today's Date: _____

Client Information:

Owner First and Last Name: _____

Spouse or Partner Name (If applicable): _____

Address: _____

City: _____ ZIP/PC: _____

Phone: _____ Cell phone: _____

Email: _____

Typical work hours: _____

Emergency Contact Info (friend or family): _____

Alternate person who may pick up dog: _____

Special Password: (for alternate person to be allowed to take pet)

Pet Information

Dog Name: _____

Dog Age & Birth Date: _____

Breed: _____

Weight: _____

Check one: Male Female

Check one: Spayed Neutered Unaltered

Valid Tag or License #: _____

Microchip or Tattoo Number: _____

Pet Health *Please attach a photocopy of immunization record*

Dog has received complete immunizations for (check all):

DHLPP Bordatella (Kennel Cough) Rabies

Name and phone number of vet:

Medical Conditions:

Allergies:

Has had flea/tick prevention:

Yes No

Has had heartworm prevention:

Yes No

Physical Limitations (sore back, hip dysplasia, etc.):

Insured?

Name of Company:

Pet Background

Previous obedience training:

Previous daycare experience:

Previous Boarding experience:

Is dog crate-trained?

Yes No

Does dog enjoy/tolerate grooming?

Yes No

Any sensitive spots?

Yes: _____ No

How long have you owned this dog?

How does your dog react to new **dogs** he or she meets?

How does your dog react to new **people** he or she meets?

Dog is afraid of:

Dog's preferred reward:

Favorite toys:

Favorite games:

Other notes:

Pet Behavioral Challenges (check all that apply):

Biting or growling at people (explain) _____

Aggressiveness with other dogs (explain)

Aggressive with/fearful of children (explain) _____

Shyness

Jumping on people

Jumping over fences

Chewing or digging

Chasing small animals

Escaping out an open door

Excessive pulling on leash

Pulling out of leash

Running away

Other _____

Feeding

Current feeding schedule: _____

Feeding instructions (time, amount): _____

Preferred brand: _____

Treats okay? Yes No

Any food/treat dog may NOT have? _____

Boarding Requested Dates: (only if boarding)

Dropoff:

Pickup:

DATE _____

DATE _____

TIME _____

TIME _____

Preferred Daycare Dates (only if wanting to do daycare) Notes:

does not have to be exact to start

Monday All Day _____ am _____ pm

Tuesday All Day _____ am _____ pm

Wednesday All Day _____ am _____ pm

Thursday All Day _____ am _____ pm

Friday All Day _____ am _____ pm

Start Date: _____ End Date (if applicable): _____

I have read and understood the liability waiver and release form.

Client Signature

Date
