

Waggin Tails of Wakulla
Registration Form

Owner(s) Name:

Address: _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Mobile** _____

Email Address: _____

In Case of Emergency (Contact):

Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Mobile _____ **Work and/or home** _____

Pet Information

Name(s): _____

Sex: _____ Fixed(Y/N): _____

Dog(s) Weight: _____ Color: _____

Breed (if know) _____

Veterinary Office:

_____ Phone: _____

Microchip Number (if applicable):

Is your dog(s) allowed to have treats? (Y/N): _____

Dietary Restrictions or allergies? If so, please list _____

Has your dog ever bitten someone? (Y/N)

If YES, please describe _____

Has your dog ever been in a fight or bitten another dog? (Y/N)

If YES, please describe _____

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? (Y/N)

If YES, please describe _____

Does your dog like to play with toys? (Y/N)

If YES, what kind? _____

Does your dog have any health concerns of which you are aware? (Y/N)

If YES, please describe _____

Does your dog have any medical restrictions on his/her activities? (Y/N)

If YES, please describe _____

Is your dog currently on any medications? (Y/N)

If YES, please describe _____

Is there anything you think we should know about your dog?

- ***A copy of current vaccine records must be provided before your dog can attend Waggin Tails of Wakulla.***
- ***Dogs must be at least 6 months of age. We cannot accept pregnant females or females in heat into Waggin Tails of Wakulla.***

Please note: If your dog is attending daycare only, there is no need to fill out the attached boarding sheet.

Boarding Information

1. Boarding Duration: _____
 - Check-in Date: _____
 - Preferred Time: _____
 - Check-out Date: _____
 - Preferred Time: _____
2. Feeding Schedule:
 - How many times a day do they normally eat?

3. Feeding Instructions:
 - Portion Size: _____
 - Mixing Instructions: _____
4. Treat Preferences/Restrictions:
 - Preferences: _____
 - Restrictions: _____
5. Dietary Restrictions or Allergies:
 - () Yes () No
 - If yes, please specify: _____
6. Medications:
 - () Yes () No
 - If yes, please provide details:
 - Medication Name: _____
 - Dosage: _____
 - Administration Instructions: _____
7. Any Special Needs:
 - () Yes () No
 - If yes, please specify: _____

***Please provide any comfort toy or item to help your dog
feel at ease during their stay.***