



Doggie Haven Pet Registration Form

Pet Name: _____ DATE: From: _____ To: _____

Owner Name: _____

Address: _____

Phone: (home) _____ (cell) _____

Email address: _____

Below vaccination a must with vaccination certificate provided at time of check-in.

- Spayed/Neutered
- Kennel cough
- Bordetella
- Flea/tick maintenance
- Rabies

All pets must be

- ✓ Pet Socialized
- ✓ Leash trained (not aggressive to other dogs when out for walks)
- ✓ Is Fully House Trained
- ✓ Is respectful of their surroundings

Pet allergies: _____

Eating habits/Type of food: _____

Snacks: _____

Special requirement: _____

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- ❖ All fees are due at time of check-in based on your planned stay. Please call prior to pick up date if the pick-up date/time needs to be changed.

Please initial: _____

Doggie Haven release clause:

Please be assured that Doggie Haven will always take the best possible care of your pet. This includes any special consideration to food, medication and any other special needs that your pet may have as outlined in this document.

In case of emergency it will be determined by Doggie Haven whether to contact you or take your pet to an emergency veterinarian. Owner will be contacted as soon as possible. Emergency costs will be the responsibility of the pet owner at the time that your pet is picked up.

PET OWNER'S SIGNATURE AND DATE:

Veterinarian Name: _____

Address: _____

Phone: _____

ADDITIONAL COMMENTS:



Disclaimer:

In the unlikely event that your pet is not picked up and there is no communication from yourself after the pick-up date for five (5) days, your pet will be considered abandoned and may be surrendered to the local humane society.

PET OWNER SIGNATURE AND DATE
