



Dog Registration

Please provide information to help your dog have an exceptional experience at Paw Plaza. *Please complete a separate form for each dog.*

Dog name:

Owner name(s):

Breed:

Color:

Weight(lbs):

DOB/age:

Spayed/neutered:

Sex:

Does your dog have any health conditions? (*Examples: Allergies, Blind, Deaf, Diabetes, Heart Conditions, Limps, Seizures, Etc.*) if yes, please explain:

Please put an "X" in the box next to all answers that describe your dog's attributes:

Climbs/ Jumps over fence	<input type="checkbox"/>	Destructive chewer:	<input type="checkbox"/>
Can not touch collar	<input type="checkbox"/>	Eats poop	<input type="checkbox"/>
No group play	<input type="checkbox"/>	Protects/Guards	<input type="checkbox"/>
Can not have blanket, bedding, or fabric toys.	<input type="checkbox"/>	Can not have Paw Plaza treats	<input type="checkbox"/>
Other:	<input type="checkbox"/>	None above apply	<input type="checkbox"/>

Veterinary Practice and location:

In case of emergency, if your veterinarian cannot be reached or an appointment cannot be scheduled within the time frame deemed necessary for the injury or condition, then Paw Plaza will seek services at another local, available veterinary office.



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Has your dog ever growled, snapped, or bitten at you or anyone else for any reason? (i.e. removing food, toys, touching collar):

If yes, describe circumstance, injuries, and your response:

Has your dog ever bitten another dog?:

If yes, describe circumstance and injuries:

Suggestions to make your dog's visit at Paw Plaza enjoyable and safe:

As the owner of the above listed dog, I acknowledge that all information is complete and accurate to the best of my knowledge.

Owner Signature:

Date:
