



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) and _____

Phone number: _____

Breed: _____

Sex: _____

Spayed/Neutered: _____

Color: _____

DOB/Age: _____

Weight: _____

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 or jumps over 6ft fence		Destructive chewer? (Furniture, wall, molding)	
Can NOT touch Collar, Paws, Bum, etc.		Protects/Guards? (Food, Bed, People)	
Can NOT have blanket or cloth bedding		Can NOT have Paw Plaza treats for training purpose (Mini Milkbones or Ziwi Mackerel+Lamb)	
Other:		None Apply	

Veterinary Practice and Location: _____

Dog License Number: _____

In the case of an 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) **YES** or **NO**

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

Has your dog ever bitten another dog? **YES** or **NO**

If YES, describe circumstance and injuries:

Has your dog ever been in a play group with 5 dogs or more? **YES** or **NO**

If NO, do you have any concerns: _____

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

Starting 6/1/2024 we will no longer be accepting dogs that cannot participate in playgroups of more than 5 dogs.

(Being intact does not make a dog ineligible for playgroups.)

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:*** _____