



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): _____ Sex: _____

DOB/age: _____ Spayed/neutered? _____ If no, last heat? _____

How long have you had your dog, and where did you get him/her?

Does your dog have any health conditions? *If yes, please explain:*

Has your dog ever been groomed by a groomer? Yes _____ No _____

Has your dog ever attended training? Yes _____ No _____

Please check all answers that describe your dog's attributes:

Climbs/Jumps over fence__ Digs under fence__ Separation anxiety__

Active chewer__ Destructive__ Excessive barking__ Howls__

Excessive marking__ Excessive humping__ Plays rough__ Herding__

Eats feces__ Protects/Guards: people__ toys__ food__ water bowl__

Other: _____ *None above are applicable* _____

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, then Paw Plaza will seek services at another local, available veterinary office.



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Has your dog ever escaped from your house or yard? Yes___ No___

If yes, describe: _____

Has your dog ever growled or snapped at you or anyone else for any reason? (i.e. removing food, toys, touching collar?) Yes___ No___ *If yes, describe circumstance and your response:*

Is your dog frightened/nervous around anything? Yes___ No___

If yes, describe: _____

Has your dog ever bitten a person? Yes___ No___

If yes, describe circumstance and injuries: _____

Has your dog ever bitten another dog? Yes___ No___

If yes, describe circumstance and injuries: _____

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

What goals you hope to achieve through our services?

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:*** _____