



## Dog Registration

Dog Name: \_\_\_\_\_

**Please provide information to help your dog have an exceptional experience at Paw Plaza.**

***Please complete a separate form for each dog.***

**Owner name(s):** \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight (lbs): \_\_\_\_ Sex: \_\_\_\_  
Spayed/neutered? \_\_\_\_ If no, last heat? \_\_\_\_\_ Date of birth or age: \_\_\_\_\_

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 veterinarian office.*



## Dog Registration

Dog Name: \_\_\_\_\_

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:** \_\_\_\_\_