



## Doggy Daycare/Boarding Registration

### Client Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact or Second Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address (to confirm reservations): \_\_\_\_\_

Are any other people allowed to pick up your pet(s)? \_\_\_\_\_

**IF YOUR PET(S) ARE BOARDING: PLEASE MARK ANY AND ALL BELONGS WITH FIRST AND LAST NAME**

### Pet Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed (Y/N): \_\_\_\_\_

Veterinary Office : \_\_\_\_\_ Phone: \_\_\_\_\_

Microchip Number: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth (If known) \_\_\_\_\_

Does your pet have an insurance policy? If so, please detail: \_\_\_\_\_

Feeding and Medication Instructions: \_\_\_\_\_

Does your pet have any food allergies? If so, please detail: \_\_\_\_\_

Ok to give your pet treats? \_\_\_\_\_ YES \_\_\_\_\_ NO

Food aggression issues? If so, please detail: \_\_\_\_\_

Aggression issues with any other animals? If so, please detail: \_\_\_\_\_

Destructive behavior? If so, please detail: \_\_\_\_\_

Behavior or temperament issues? If so, please detail: \_\_\_\_\_

Does your pet try to escape from enclosed areas? If so, please detail: \_\_\_\_\_

Anything else you would like us to know? \_\_\_\_\_

**Required Vaccines** (Please attach a copy from the Veterinarian or Email to [flyingfurpetsalon@yahoo.com](mailto:flyingfurpetsalon@yahoo.com))

Rabies / Expiration Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DPP / Expiration Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Bordetella / Expiration Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Heartworm / Expiration Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_