

Registration Form

Boarding * Daycare * Bark Park * Grooming

Kidz' Information

1. _____
name

_____ *breed*

_____ *age or dob if known*

_____ *color(s)*

Female Male

Spayed/Neutered? Yes No

2. _____
name

_____ *breed*

_____ *age or dob if known*

_____ *color(s)*

Female Male

Spayed/Neutered? Yes No

3. _____
name

_____ *breed*

_____ *age or dob if known*

_____ *color(s)*

Female Male

Spayed/Neutered? Yes No

4. _____
name

_____ *breed*

_____ *age or dob if known*

_____ *color(s)*

Female Male

Spayed/Neutered? Yes No

Getting to Know my Kidz

Bolts at any opportunity!

May climb a 6 ft fence

Afraid of thunderstorms

Fearful in general

Loves to dig holes

Dog Aggressive

People Aggressive

Other _____

Please explain if your dog has ever bitten (drawn blood) another dog or a person so we can take proper precautions.

Medical Alerts?

Allergies Arthritis

Blind Deaf

Diabetic Seizures

Other _____

Veterinarian's Practice Name

Where did you hear about us?

Parents' Information

_____ *first parent*

_____ *second parent*

_____ *address*

_____ *city* _____ *zip*

_____ *1st parent's cell* _____ *2nd parent's cell*

_____ *email* *by supplying email you agree to receive email confirmations of any reservations and occasional news and updates*

_____ *local emergency contact or approved agent*