



**REGISTRATION FORM**  
**PLEASE LIST ADDITIONAL PETS ON THE OTHER SIDE OF THIS PAGE**  
**PLEASE WRITE CLEARLY**

Today's date:		Primary Use: Daycare / Boarding / Training / Grooming				
GENERAL INFORMATION						
Last name:		First:	Middle Int.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Dog's Name:
<b>E-Mail</b> (for reminders and receipts):						
Is your dog spayed/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Breed:	Color:	Weight:	DOB or Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:			MOBILE phone no.: (   )			
City:	State:	Zip Code:	Emergency Phone:			
Please list anyone else authorized to pick up your dog:						
How did you hear about us?		<input type="checkbox"/> Facebook		<input type="checkbox"/> Google		
<input type="checkbox"/> Other: Please List		<input type="checkbox"/> Family		<input type="checkbox"/> Friend		
If friend/family, please list name:						

Vet information and dog habits					
VET FACILITY/NAME:					
Is your dog current on all Vaccinations? (Rabies, Distemper, Bordetella)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can/Will your dog jump a 6 ft fence? YES      NO	Is your dog currently on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain condition		
How did you obtain your dog? (Rescue, Breeder, etc)	Other dogs/kids in the home?	If yes: Please list type, age:		If so, Please List:	
		Does your dog have any allergies? YES / NO			
Is your dog mostly:    Indoors / Outdoors			Is he/she on flea/tick preventative? YES / NO		
What is your dog's eating style?	<input type="checkbox"/> Quick Eater <input type="checkbox"/> Grazes <input type="checkbox"/> Picky				
What is your dog's temperament?	<input type="checkbox"/> Easy Going <input type="checkbox"/> Timid <input type="checkbox"/> Leader of the pack <input type="checkbox"/> Energetic <input type="checkbox"/> Loner				
What brand of food do you give your dog?	How much/often?	Has your dog ever shown aggression/injured another person/animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			

Please list additional pets here  
**(ONLY IF YOU'RE BRINGING THEM TO CANINE KINGDOM):**

Name	DOB	Breed	Color	Weight	Sex	Spayed/Neutered?
------	-----	-------	-------	--------	-----	------------------