



Pet Registration For: ☐ Dog ☐ Cat ☐ Exotic

Basic Information

Pet's Name _____ Breed _____ Color _____ Weight _____ DOB _____

☐ MALE ☐ FEMALE NEUTERED/SPAYED? ☐ YES ☐ NO If female and not spayed, approximate heat date: _____

Does your pet require special handling? _____

CAT: Is your cat declawed? ☐ NOT DECLAWED ☐ YES, FRONT ONLY ☐ YES, FRONT AND BACK

Behavioral Information

DOG: Has your dog ever tried daycare or lodging before? ☐ YES ☐ NO If yes, where? _____

DOG: Does your dog like to be around other dogs? ☐ YES ☐ NO

DOG: Will your dog readily share toys with other animals? ☐ YES ☐ NO

Does your pet get along with their siblings? _____

Do siblings need to be separated while feeding? ☐ YES ☐ NO Separate siblings when staff are not present? ☐ YES ☐ NO

Does your pet like to be around people and/or strangers? _____

How does your pet react when meeting new people/strangers in the home? _____

In regards to people, is your pet better with? ☐ MALES ☐ FEMALES ☐ BOTH

Has your pet ever bitten an animal/human? If yes, please explain: _____

Check all that apply: ☐ PLAYFUL ☐ NON-ACTIVE ☐ SHY/TIMID ☐ DESTRUCTIVE CHEWER ☐ FOOD AGGRESSIVE ☐ DIGGER
☐ GROWLS/MAY BITE ☐ INGESTS NON-FOOD ITEMS ☐ NOT POTTY TRAINED ☐ PULLS ON LEASH ☐ RUNS AWAY/HIDES

Has your pet crawled under/climbed/jumped a fence or escaped before? If yes, please explain: _____

Does your dog experience separation anxiety, fear of thunderstorms, or any other situation that makes them uncomfortable?
If yes, please explain: _____

What commands does your pet respond to? _____

DOG: Have you ever worked with a Trainer? ☐ YES ☐ NO Would you like a Trainer to contact you? ☐ YES ☐ NO

Pet Care/Feeding Information

What brand of food do you feed your pet? _____

If your pet runs out of his/her food may we feed ours? ☐ YES ☐ NO

How often do you feed your pet? ☐ ONCE/DAY: AM ☐ ONCE/DAY: PM ☐ TWICE/DAY ☐ FREE FEED (leave out all day as needed)

DOG: Do you raise your dog's food and water bowls at home? ☐ YES ☐ NO

CAT: Is your cat primarily indoors or outdoors? _____

Medical Information

Has your pet been sick in the past 30 days? If yes, please explain: _____

List any known allergies: _____

Is your pet on any medications? ☐ YES ☐ NO What flea/tick prevention do you use? _____

Please describe your pet's general health (Include any current OR PAST medical problems): _____

By signing below, I certify the accuracy of the information given about my pet.

Owner's Signature: _____ Date: _____