



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: _____