

Club Canine - Registration Form

Client Information

Client Name(s):		Today's Date:	
Address:		City:	State: Zip:
Home Phone:	Work Phone:		Cell Phone:
Other Phone(s):			
E-Mail:		Alternate E-mail:	

Emergency Contact #1

Name:		Relationship:	
Home Phone:	Work Phone:	Cell Phone:	
Other Info or phone numbers:			

Emergency Contact #2

Name:		Relationship:	
Home Phone:	Work Phone:	Cell Phone:	
Other Info or phone numbers:			

Pet Information

Name:	Sex:	Spayed or Neutered?	Apx. Weight:
Age:		Birthday (or day you celebrate it):	
Breed (or if mixed, main breed):		Color(s):	
Where did you get your dog? SHELTER/RESCUE BREEDER PET STORE OTHER _____			
When did you get your dog?		How old was he/she at the time?	
At what age was your dog spayed or neutered (if you know)?			

Medical Information

Veterinarian name:		Veterinary clinic name:	
City:		Phone:	
Any allergies?	If yes, please list:		
Is your dog on heartworm preventative?		Which kind?	
Is your dog on flea/tick control?		Which kind?	
Is your dog on any medications (besides heartworm preventative and flea/tick control)?			
If yes, please list medication(s):		Dosage:	Why it is prescribed:
1.			
2.			

What type (and brand) of food do you feed your dog?

Are there any previous injuries, medical issues or medical conditions that daycare staff should be aware of?

(Over)

Additional Information

Please describe humans in household: Adults: _____ Male(s) _____ Female(s)
Children: _____ Male(s) (Ages: _____) _____ Female(s) (Ages: _____)

Please describe other pets in household:

Species/Breed	Age:	Male/Female:	Intact or spayed/neutered:	Name:
1.				
2.				
3.				

How did you hear about Club Canine?

Has your dog ever been in daycare before?	If so, where?
---	---------------

Has your dog had obedience training?	If so, where?
--------------------------------------	---------------

Is your dog house-trained?	Crate-trained?
----------------------------	----------------

Can your dog have treats (dog biscuits, etc.) while at Club Canine?

Has your dog ever played off-leash with other dogs? YES NO If yes, please explain:

Is your dog frightened of any certain noises or actions? YES NO If yes, please explain:

Does your dog fear or dislike any specific types of people or other dogs? YES NO If yes, please explain:

Does your dog have any sensitive areas on his or her body? YES NO If yes, please explain:

Has your dog ever growled at a person? YES NO If yes, please explain:

Has your dog ever bitten a person? YES NO If yes, please explain:

Has your dog ever bitten another dog (other than in play)? YES NO If yes, please explain:

Is your dog toy aggressive with other dogs? YES NO With humans? YES NO If yes, please explain:

Is your dog food aggressive with other dogs? YES NO With humans? YES NO If yes, please explain:

Has your dog ever climbed or jumped a fence? YES NO If yes, how high?

Anything else Club Canine staff should be aware of? If yes, please explain:

This registration is correct to the best of my knowledge. _____
(Signature)