

Guest Registration Form

 **Drop off and Pick up times: 8-9 A.M. and/or 4-5 P.M.**

**\*Payment due at drop off**

**\*Cash and/or Check only**

First Name Last Name

Street Address

City State Zip

Home Phone Email

Cell Phone Text? Yes No

Emergency Contact Phone

Veterinarian Vet Phone

Pet Name: Birth Date:

Breed: Weight: Sex: Male Female

Neutered/Spayed: Yes No

Feeding:

Morning Quantity (in cups) Afternoon Quantity (in cups)

Can your pet be given treats?

Medication (no injections) Quantity

Current on flea/tick prevention Date Given:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy of Vaccination records from your Vet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shot Requirements: Rabies, Bordetella, Parvo, Distemper (DHLPP)

Circle any that apply:

Timid Jumps Fences Loves to Cuddle Bites/nips

Fetch Barking (excessive) Digs under fences Scared of storms

Please share anything else we should know about your dog: