



Registration Form

Date: _____

Owner's Information:

First Name: _____ Last Name: _____

Addl. Owner's First Name: _____ Addl. Owner's Last Name: _____

Address: _____ City: _____ State: _____

Zip/Postal Code: _____ Email: _____

Cell Phone: _____ Secondary Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

How did you hear about us? Friend, Name: _____

Internet Veterinarian Other: _____

Dog's Information:

Name: _____ Breed: _____

Color(s) and Markings: _____

Sex: Male Female Spayed/Neutered? Yes No, under 6mo No, medical

Weight: _____ lbs Date of Birth: _____ (Free birthday daycare day!) Age: _____

Veterinarian: _____

Known Allergies: None Yes, please list: _____

Additional Medical Conditions? (Please Explain.)

Which space(s) can your dog comfortably stay in? Wire Kennel Plastic Kennel
(Check all that apply) Suite Room

Can your dog have water overnight in his/her kennel? Yes No

Would you like rest breaks from group play for your dog? No Yes, how often?

Known behavioral issues (severe/destructive separation anxiety or compulsive consumption of foreign objects, aggression towards humans or dogs): None Yes, please describe: _____

Is your dog on any long term medications? No Yes, describe below:

<u>Name of Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Special Instructions</u>

Feeding Instructions:

Name of Food: _____ Amount per meal: _____

Feeding Schedule (check all that apply): AM Lunch PM Overnight

Special Feeding Instructions: _____

Introduction Checklist

_____ I received a tour of the facility and the staff answered any questions I had. (If you were a walk in and/or some extenuating circumstances prevented a full tour of the facility please leave this blank and schedule a tour for a future time.

_____ I received the informational document including the owners contact information.

_____ I understand that my dog is in an environment with other dog and that there are inherent risks involved including, but not limited to, physical injury and illness.

_____ I understand it is my responsibility to disclose to the staff of Home Sweet Home Dog Resort any known medical or behavioral issues my dog may have and that the disclosure of such information is necessary for the health and safety of my dog.

_____ I am responsible for the medical care of my dog, maintaining vaccinations, parasite preventatives and that this is good not only for the health and safety of my dog but also of all the dogs at Home Sweet Home Dog Resort.

