

The Doggy Den's First Time Guest Registration

Parent Information

Name _____ e-mail address _____ Date _____
Address _____ City _____ Zip _____
Cell Phone _____ Work Phone _____ Home Phone _____
Emergency Contact _____ Phone Number _____
Veterinarian's Name _____ Office Number _____ Hours _____
How many pets do you own? Dogs? _____ Cats? _____

Guest Information

Name _____ Date of Birth _____ Breed _____
Color _____ Sex _____ Spayed or Neutered: yes _____ no _____

Medical History/ Vaccinations

Written proof of current, required vaccinations and flea and tick treatment from your veterinarian is required. Your vet can e-mail, fax or mail proof prior to your visit. We recommend that vaccinations be administered at least 7 days prior to your pets stay. We will treat with flea and tic preventative at check in, for a fee if your pet has not been treated within the last 30 days.

Any medical history, recent or chronic, that we should be aware of? Please detail below.

Any medications? Name of medication _____ Dose _____ #times/day _____

For my first visit, I am interested in:

Daycare _____ Boarding _____ Grooming _____ Training _____

Is your dog shy? _____ outgoing? _____ other? (please describe) _____

Is your dog friendly to people and other dogs they don't know? Yes _____ No _____ (if "no", please explain) _____

Is your dog protective of toys and/or food? Yes _____ No _____ (if "yes", please explain) _____

Is there any other behavioral or personality information we should know about your dog to protect them and the other guests? _____

Will anyone other than yourself ever pick up your dog? Yes _____ No _____ If "yes", Please tell us their name _____ and/or _____

How did you hear about us? Sign _____ Newspaper _____ Web _____ Client referral _____
Flier _____ Vet referral _____ Who may we thank? _____

This form contains information we require. Thank you for choosing The Doggy Den – simply the finest in vacation lodging, day care and professional grooming for your pet!