



CLIENT REGISTRATION AND PET PROFILE

Thank you for choosing DWK as your pet's second home. We want to partner with you to build a great relationship with your pet (and you, too.) Information from you will help us do that. You don't need to do this for each stay, but please let us know when things change for you or your four-legged family member. Please complete this form for each pet who will be staying with us.

Owner _____ / **Co-Owner** _____
(LAST) (FIRST) (LAST) (FIRST)

Address _____ City _____ State _____ ZIP _____

CONTACT INFORMATION
EMAIL
CELL PHONE
HOME PHONE
WORK PHONE w/ EXT.
OTHER

Place of Employment _____ Position/Title _____

May we contact you at work? _____

Employment of Co-Owner _____ Position/Title _____

May we contact you at work? _____

ALL FEES ARE DUE UPON THE RELEASE OF YOUR PET. WE ACCEPT ALL MAJOR CREDIT CARDS (Visa, MasterCard, Discover and American Express) CASH AND PERSONAL CHECKS.

PLEASE LIST NAMES OF THOSE WHO HAVE PERMISSION TO MAKE DECISIONS FOR & PICK-UP YOUR PET(S). INCLUDE EMERGENCY CONTACTS IN THE ORDER YOU WOULD LIKE US TO CONTACT THEM.			
NAME	EMAIL	PHONE	PHONE (OTHER)

SIGNATURE OF OWNER/CO-OWNER _____ **DATE** _____

PET PROFILE

PET INFORMATION (Please fill in the following information for each pet)

PET'S NAME	BREED/MIX	COLOR/MARKINGS	D.O.B/AGE	MALE/FEMALE	NEUTERED/SPAYED

HAS OR DOES YOUR PET HAVE ANY SERIOUS ILLNESS OR INJURY/ACTIVITY RESTRICTION THAT WE SHOULD BE AWARE OF?

_____ **YES** _____ **NO**

IF YES, PLEASE EXPLAIN: _____

WHO IS YOUR PET'S CURRENT VETERINARIAN? _____

PLEASE PROVIDE US WITH YOUR PET'S MEDICAL RECORDS

CANINE VACCINES:

- **DHLPP/DAP+4L** (DISTEMPER/LEPTO COMBO)
- **LEPTOSPIROSIS** (SOMETIMES GIVEN SEPARATE FROM DISTEMPER)
- **BORDETELLA** (KENNEL COUGH)
- **RABIES 1YR-3YR** (REQUIRED BY LAW)
- **CANINE INFLUENZA VIRUS** (CIV)

FELINE VACCINES:

- **FVRCP** (FELINE DISTEMPER)
- **RABIES** (REQUIRED BY LAW)

MEDICATIONS & SUPPLEMENTS LIST

Please bring any prescriptions/supplements for your pet(s) in their original bottles with prescription labels.

Medication Name	Dose	Frequency Given	With Food? Y/N

HOW DID YOU BECOME AWARE OF DOGWOOD KENNEL? _____

WHICH SERVICES WILL YOU BE USING OUR FACILITIES FOR?

___ BOARDING ___ GROOMING ___ DAYPLAY ___ DAYBOARD ___ TRAINING



EATING ROUTINES

WHAT BRAND AND TYPE OF FOOD DOES YOUR PET EAT NORMALLY? _____

HOW MUCH AND HOW OFTEN DOES YOUR PET EAT? _____

ANY SPECIAL DIETARY RESTRICTIONS/ALLERGIES? _____

PET PERSONALITY PROFILE

DOES YOUR PET HAVE ANY OF THE FOLLOWING BEHAVIORS? CHECKING ONE OF THESE DOES NOT AUTOMATICALLY EXCLUDE YOUR PET FROM ANY ACTIVITIES; RATHER, IT TELLS US HOW TO ASSESS YOUR PET FOR SAFETY AND ENJOYMENT WHILE AT DWK.

Barking____ Scratching____ Marking____ Digging____ Jumping____

Climbing Fences____ Potty Accidents____ Aggressive Tendencies____ Other____

We strive to keep your pets routine as normal as possible. Please share any details.

WHERE DOES YOUR PET NORMALLY SLEEP?

WHAT COMMANDS DOES YOUR PET KNOW?

HOW FREQUENTLY DO YOU TAKE / SEND YOUR PET OUTDOORS TO POTTY?

IS YOUR PET CRATE TRAINED?

DOES YOUR PET PREFER WARMER OR COOLER TEMPERATURES?

IF THERE IS ANYTHING WE HAVE FORGOTTEN TO ASK THAT WILL HELP US BETTER CARE FOR YOUR PET, PLEASE TELL US IN THE SPACE PROVIDED BELOW.

