



## CLIENT REGISTRATION & PET PROFILE

Thank you for choosing DWK as your pet's second home. We want to partner with you to build a trusted relationship with your pet. Information from you will help us do that. You won't need to complete this form for future visits, but please let us know when things change for you or your pet. Thank you.

Owner	_____
Co-Owner	_____

## CONTACT INFORMATION

Address \_\_\_\_\_  
Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Other Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position/Title \_\_\_\_\_  
May we contact you at work?

Employment of Co-Owner \_\_\_\_\_ Position/Title \_\_\_\_\_  
May we contact him or her at work?

## Emergency Contact Information

The safety and well-being of your pet(s) is our first concern. With your help, we will do our best to ensure your pet be as healthy as possible by screening for pre-existing health conditions and monitoring the comfort and wellness of your pet during his stay, but some situations may arise that are beyond our control. In the event a medical concern or emergency occurs while your pet is in our care and custody, we will use our discretion to determine the best option. Your emergency contacts are the individuals we will attempt to contact if an emergency arises and we are unable to reach you. These are also the individuals you approve to drop off or pick up you pet after a stay at DogWood. Please list names of those who have your permission to make decisions about your pet.

Name / phone number

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

## PET PROFILE

The more we know about your pet, the better we can tailor his or her stay at DogWood. Please list requested information and other details you would like us to know about each pet. Thank you!

	Name	Breed	Color	DOB	F/M	Spay/Neuter
1)	_____	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____

## HISTORY

Please add comments below about fears, sensitivities, allergies, illnesses, conditions, surgeries, past injuries, climbing or escaping incidents, interactions with other dogs, former boarding or play experiences, dog parks, or bite history (canine or human) that will help us better care for your pet and keep your dog, other dogs, and our staff safe and well.

## INTEREST IN DOGWOOD KENNEL

How did you hear about DogWood Kennel? (We would like to offer a referral reward.)

What DogWood Services do you plan to use in the future?

\_\_\_\_ Boarding      \_\_\_\_ DayPlay      \_\_\_\_ Grooming      \_\_\_\_ Training

Thank you for choosing DWK as your pet's home away from home.

Signature of Owner or Representative \_\_\_\_\_ Date \_\_\_\_\_

Printed name of above \_\_\_\_\_

