

The Doggy Den's First Time Guest Registration

Parent Information

Date _____

Name _____ e-mail address _____
Address _____ City _____ State _____ Zip _____
Cell Phone _____ Work Phone _____ Home Phone _____
Emergency Contact _____ Phone Number _____
Veterinarian's Name _____ Office Number _____

Guest Information

Name _____ Date of Birth _____ Breed _____
Color _____ Sex: Male ___ Female ___ Spayed or Neutered: yes ___ no ___ why not? _____

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Medical History/ Vaccinations

Written proof of current, required vaccinations from your veterinarian is required. Your vet can e-mail or fax documentation prior to your visit or you can present documentation upon check-in. We recommend that vaccinations be administered at least 7 days prior to your dogs stay. If we determine that your dog has a chronic flea problem we will require proof of current flea treatment at our discretion.

Any medical history, recent or chronic, that we should be aware of? Has your dog recently been sick or under a vet's care? Please detail;

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

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 _____

How did you hear about us? Sign _____ Facebook _____ Web _____ Flier _____ Vet referral _____
Client referral _____ other _____ who may we thank? _____

Thank you for choosing The Doggy Den – The safe, clean, fun place for your dog to play while you're away!