



## Registration

### OWNER INFORMATION

Owner Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_

Alternate E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Woof Central? \_\_\_\_\_

### DOG INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed (or if mixed, main breed): \_\_\_\_\_

Description & color markings: \_\_\_\_\_

Birthdate: \_\_\_\_\_ (mm/dd/yyyy)

Who is authorized to pick up? \_\_\_\_\_

Sex: M/F Spayed or Neutered? Yes / No Approx. Weight \_\_\_\_\_ lbs.

NOTE: All dogs at Woof Central must be spayed/ neutered by 7 months for safe group play

Bar/ID Chip # \_\_\_\_\_

Is your dog house-trained? Y / N Crate-trained? Y / N

Can your dog have treats (dog biscuits, etc.) while at Woof Central? Y / N

What is your primary reason for bringing your dog to Woof Central?

\_\_\_\_ Boarding Only \_\_\_\_ Daycare and Boarding \_\_\_\_ Daycare Only

### BEHAVIOR / HISTORY

Where did you get your dog?

☐ SHELTER/RESCUE ☐ PET STORE ☐ BREEDER ☐ OTHER \_\_\_\_\_

When did you get your dog? \_\_\_\_\_ How old was he/she at the time? \_\_\_\_\_

Has your dog ever been in daycare before? Y / N

If so, describe the experience for your dog: \_\_\_\_\_

Has your dog had obedience training? Y / N

Has your dog ever played off-leash with other dogs? Y / N

If yes, please explain the experience: \_\_\_\_\_

Is your dog frightened by any certain noises or actions? Y / N

If yes, please explain: \_\_\_\_\_

Does your dog fear or dislike any specific types of people or other dogs? Y / N

If yes, please explain: \_\_\_\_\_

Does your dog have any sensitive areas on his or her body? Y / N

If yes, please explain: \_\_\_\_\_

Has your dog ever bitten a person? Y / N

If yes, please explain the circumstances: \_\_\_\_\_

Has your dog ever bitten another dog (other than lightly in play)? Y / N

If yes, please explain the circumstances: \_\_\_\_\_

Is your dog toy aggressive with other dogs or humans? Y / N

Is your dog food aggressive with other dogs or humans? Y / N

Has your dog ever climbed or jumped a fence? Y / N If yes, how high? \_\_\_\_\_

Anything else Woof Central staff should be aware of?

Please describe:

## MEDICAL INFORMATION

Veterinary clinic: \_\_\_\_\_ Vet Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Emergency: \_\_\_\_\_

Any allergies?

If yes, please list : \_\_\_\_\_

Is your dog on heartworm preventative?

Which kind? \_\_\_\_\_

Is your dog on flea/tick control?

Which kind? \_\_\_\_\_

Is your dog on any medications (besides heartworm preventative and flea/tick control)?

If yes, please list medication(s) with dosage & instructions:

1. \_\_\_\_\_

2. \_\_\_\_\_

Why it is prescribed?

Are there any previous injuries, medical issues or medical conditions that daycare staff should be aware of?

Vaccination Information ---Your dog must be current with these vaccines

Bordetella – Expiration date: \_\_\_\_\_

Distemper - Expiration date: \_\_\_\_\_ ( DHPP, DAPP, or DHPPV vaccine)

Rabies – Expiration date: \_\_\_\_\_

## SIGNATURE

This registration is correct to the best of my knowledge:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Thank You for Your Information! We look forward to working with you and your dog(s)!