

Club Canine - Registration Form

Client Information

Client Name(s):		Today's Date:	
Address:		City:	State: Zip:
Home Phone:	Work Phone:	Cell Phone:	
Other Phone(s):			
E-Mail:		Alternate E-mail:	

Emergency Contact #1

Name:		Relationship:	
Home Phone:	Work Phone:	Cell Phone:	
Other Info or phone numbers:			

Emergency Contact #2

Name:		Relationship:	
Home Phone:	Work Phone:	Cell Phone:	
Other Info or phone numbers:			

Pet Information

Name:	Sex:	Spayed or Neutered?	Apx. Weight:
Age:	Birthday (or day you celebrate it):		
Breed (or if mixed, main breed):		Color(s):	
Where did you get your dog? SHELTER/RESCUE BREEDER PET STORE OTHER _____			
When did you get your dog?		How old was he/she at the time?	
At what age was your dog spayed or neutered (if you know)?			

Medical Information

Veterinarian name:		Veterinary clinic name:	
City:		Phone:	
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):		Dosage:	Why it is prescribed:
1.			
2.			

What type (and brand) of food do you feed your dog?

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

(Over)

