



Registration Form: Doggie Daycare & Pet Boarding

Date: _____

Tell us about yourself

Name: _____

Address: _____

Additional Parent

Name: _____

City: _____ Province: _____ Postal Code: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Other _____

Email: _____

(by supplying this, you agree to receive periodic emails from *Little Critters-Bed & Biscuit*)

Emergency

Contact(s): _____

Phone: _____

Who else is authorized to pick up your dog?

Name _____ Phone _____

How did you hear about

us? _____

Referred

by: _____



Tell us about your dog

Name: _____ Breed: _____
Birth date: _____ Age: _____ Male / Female
Weight: _____ Color: _____ Spayed/Neutered: Yes / No

How long has your dog been in your family? _____

Does your dog get along with other dogs? Yes / No

Has your dog ever bitten another dog or person? Yes / No

Does your dog growl or snap when food or toys are taken away?
Yes / No

Does your dog growl or snap for any other reason? _____

How does your dog behave at a daycare / boarding facility? _____

How does your dog behave in public? _____

What commands does your dog know? _____

Has your dog ever climbed or jumped a fence? _____

Please describe any behavioral problems you might know of: _____

Is there anything else we should be aware of? _____



Tell us about your dogs eating habits

When does your dog like meals to be served ___ am or ___ pm
Any treats? How many a Day? _____
Anything else we should know? _____

Tell us about your dogs outside habits

Is your dog the type that likes to stay outside for long periods? Yes / No
Or more of the couch potato, that gets business done? Yes / No
Any other outside habits we should know? _____

Tell us about your dog's health

Animal Hospital: _____
City: _____ Prov: _____
Veterinarian: _____
Phone: _____

List any allergies: _____

Describe any medical conditions: _____

Vaccinations: Please attach a copy of your dog's current vaccinations
Required vaccinations: Rabies, Distemper, Parvo & Bortatella (Kennel Cough)



Veterinarian Care Consent

I understand that, in the event my dog appears to be ill or at significant risk of experiencing a medical problem, Little Critters-Bed & Biscuit will attempt to contact me for instructions prior to seeking veterinary care. If I cannot be reached, I agree that Little Critters-Bed & Biscuit may use its reasonable discretion in seeking veterinary care on my behalf and I will be responsible for all related expenses. I understand that Little Critters-Bed & Biscuit will attempt to use my preferred veterinarian, but if my preferred veterinarian is unavailable or other circumstances mandate, I authorize Little Critters-Bed & Biscuit to use the veterinarians of its choice. I agree that Little Critters-Bed & Biscuit will not be liable for the actions and decisions of the veterinarian. I also agree to be responsible for any fees assessed by Little Critters-Bed & Biscuit for emergency care and transportation.

I authorize my veterinarian to share the medical records of my dog with Little Critters-Bed & Biscuit and other veterinarians. I assume full responsibility for payment of all veterinary services rendered, including, but not limited to, diagnosis, treatment, necessary grooming, medical supplies, transportation and boarding. I agree to make such payments directly to the attending veterinarian or reimburse Little Critters-Bed & Biscuit if direct payment cannot be made.

This agreement and waiver is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Little Critters-Bed & Biscuit cares for one or more of my dogs.

I have read and agree to the above

Signature: _____

Print Name: _____ Date: _____