

D.A.W.G. Boarding
(Dogs Are Welcome Guests)
59060 327 Street, Waltham, MN 55982
507-477-BARK (2275)
www.dawgboarding.com

Pre-registration Form (Needs to be completed prior to boarding)
(One form per pet - please print)

Owner Information

Name: _____ Phone: () _____
Address: _____ City: _____
State: _____ Zip: _____
E-mail: _____ (this is used to send reminders and newsletters)
Other contact number(s): i.e. cell, work; _____

Pet Information

Name: _____ Nickname: _____
Description: _____
Male/Female Neutered/Spay Age _____ Birth date: _____
Means of identification: Name tag, rabies tag, chip, etc. _____
Emergency Information:
 Name: _____
 Phone: _____
Vet: Name: _____ Phone: _____
Address: _____
Last visit to vet: _____ Reason: _____
Allergies?: _____

Is your dog allowed to have treats? Yes/No (check appropriate item(s))

___ Rawhide ___ Mike bones or equivalent ___ Treats being supplied by owner

Proof of vaccinations needs to be provided. This information is from your vet.

DOGS:

Rabies _____

DHLPP _____

Bordetella _____

Being treated for fleas? _____ ticks? _____ How? _____

Please check all that apply:

| | | |
|-----------------------|----------------|----------------|
| Dog aggressive __ | Jumps up__ | Picky eater __ |
| People aggressive __ | Chews __ | Housesoils __ |
| Toy possessive __ | Digs __ | Climber __ |
| High jumper __ | Shy __ | Other ____ |
| Food possessive __ | Barks __ | |
| Separation anxiety __ | Stool eater __ | |

Please explain further any of the checked items above. _____

Has pet ever boarded before? Yes, when _____ No _____

Can pet play with other pets? _____

What type of toys are appropriate for your pet? Rubber, stuffed, etc. _____

Can your pet have a bed/blanket? _____

Any additional information: i.e., sensitive to storms, loud noises, dislikes other animals, sensitive paws, formal training, etc. _____

How did you learn about us? (If a friend referred you, please provide name) _____

I do not hold D.A.W.G. Boarding liable for any natural disaster or unintentional mishaps. Also, as owner of the above said pet(s), I hereby give consent for emergency medical care as prescribed by duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my pet.

Signature

Date

** I give my permission for my pet to be used in public media. _____(initial)

** I will allow my name and phone number to be given out for a reference only with prior notification. _____(initial)

Update every 6 months. Update: _____