

# companions

—Pet Resort—



## Dog Boarding Registration Form

Owner's Name(s): \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Contact Number(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Regular Veterinarian: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_ Markings: \_\_\_\_\_

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Flea/Tick Prevention: \_\_\_\_\_

Belongings left at Companions: \_\_\_\_\_

Does your dog have any special dietary restrictions or requirements?: \_\_\_\_\_

Does your dog have any medical requirements?: \_\_\_\_\_

Tell us about your dog(s):

Does your dog(s) get along with other dogs?: YES:  NO:

Does your dog(s) guard food from humans or other dogs?: YES:  NO:

Does your dog(s) guard toys from humans or other dogs?: YES:  NO:

Is your dog(s) afraid of thunderstorms/fireworks or loud noises?: YES:  NO:

I would like my dog(s) to participate in:

Trail Walks:  Group Play:  Individual Play:

Does your pet require any grooming services during their stay: YES:  NO:

Please tell us anything else you want us to know about your dog(s):

Check in Date: \_\_\_\_\_ Check out Date: \_\_\_\_\_

Check in Time: \_\_\_\_\_ Check out Time: \_\_\_\_\_