

DOG REGISTRATION FORM



Paws Claws N' Tails Kennel and Day Care

Date/Time Field

For Dogs staying at PCT's Boarding and/or Day Care Facility

306-693-0310

Owner's Name _____ Email _____

Address _____ Postal Code _____

Home Phone _____ Cell Ph _____ Work # & Ext _____

Please use the drop down box or write in the best of these numbers to reach you.

Spouse's Name _____ Email _____

Cell Ph _____ Work # & Ext _____

Please use the drop down box or write in the best of these numbers to reach you.

Emergency Contact Information: Person to contact if you or your spouse cannot be reached; this person is also able to make emergency decisions and/or pick up your pet if necessary. Picture ID required for other than owner pick-up.

Contact's Name _____ Relationship _____

Address _____ Postal Code _____

Home Phone _____ Cell Ph _____ Work # & Ext _____

Use the drop down box or write in the best of these numbers to reach contact person.

Veterinarian's Name _____

Clinic Name _____

Clinic Address _____

Clinic Phone _____ Emergency Phone _____

In case of an emergency requiring veterinary care and we are unable to reach you, what would be the maximum amount of money to spend?

Your Dog(s)

Dog #1's Name _____ Breed _____
Approx Age _____ Male, or Female Neutered/spayed? Yes, or No
Licence #? _____ Tattoo? _____ Microchip? _____
Colour/Markings _____
How long has this pet been in your family? _____

Dog #2's Name _____ Breed _____
Approx Age _____ Male, or Female Neutered/spayed? Yes, or No
Licence #? _____ Tattoo? _____ Microchip? _____
Colour/Markings _____
How long has this pet been in your family? _____

Dog #3's Name _____ Breed _____
Approx Age _____ Male, or Female Neutered/spayed? Yes, or No
Licence #? _____ Tattoo? _____ Microchip? _____
Colour/Markings _____
How long has this pet been in your family? _____

Your dog(s): For boarding and daycare pets. The following questions will allow us to get to know your pets and assist us to make sure that their stay with us is as safe and enjoyable as possible. Please help us by answering as best as you can.

If you answer YES to any questions please provide a brief explanation of circumstances at the end.

1. Has your dog been to a daycare/boarding facility before? (no explanation required) Yes, or No
2. Were there any problems/concerns associated with the use of such facility? Yes, or No
3. Has your dog ever shown aggression towards people? Yes, or No
4. Has your dog ever bitten a person hard enough to break the skin? Yes, or No
5. Has your dog ever been involved in an altercation with another dog? Yes, or No
6. Do you know what caused the altercation and what was the outcome? Yes, or No

7. Is there anything specific that sets your dog "off" or makes him/her upset? Yes, or No
8. Does your dog have any allergies/sensitivities? (ie bee stings, bug bites, weeds, grasses, pollen) that we should know about? Yes, or No
9. Does your dog need to be given any medications?
If yes, please explain (time of day, dosage and application method): Yes, or No
10. Does your dog have any specific dietary restrictions? (ie low calorie, allergies to food/treats) Please list and explain. Yes, or No
11. Does your dog have difficulty seeing or hearing? Yes, or No
12. Is your dog known to be an escape artist? (does he climb fences, dig, open cages?) Yes, or No
13. Does your dog have any problems with , scratching, separation anxiety or destructiveness? Yes, or No
14. Is your dog easily scared by anything? (ie noises, actions, smells, or certain objects) Yes, or No
15. Is your dog comfortable on a leash? Yes, or No
16. Is there any particular type of person your dog tends to dislike or fear? (ie gender, children, or people in uniform): Yes, or No
17. Has your dog been sick recently? Yes, or No
18. Has your dog ever reacted negatively when someone took away food or toys? Yes, or No

For questions 1 - 18: Please enter the question number and a brief explanation for any YES answers in the area below.

Vaccinations: Please indicate the **expiry** dates of your pet(s) vaccinations. If you have more than one pet and all dates are the same enter **S** in the first column of the 2nd and 3rd pet.

Please understand that for all pets' safety at PCT Kennels a note from your Vet or record of current vaccinations will be required.

	Dog # 1	Dog # 2	Dog # 3
Distemper	Date _____	Date _____	Date _____
Parvovirus	Date _____	Date _____	Date _____
Parainfluenza	Date _____	Date _____	Date _____
Rabies	Date _____	Date _____	Date _____
Hepatitis	Date _____	Date _____	Date _____
Bordetella (kennel cough, recommended)	Date _____	Date _____	Date _____

Do you use a flea/tick treatment? Which kind? _____

We use the following questions to determine if your dog's level of socialization with other dogs and to ensure your pet has fun during his stay with us.

How would you describe your dog's personality? (happy, playful, jealous, etc)

Answer _____

Does your dog play well with other dogs?

Answer _____

What is your dog's favorite thing to do?

Answer _____

What is your dog's favorite place to be scratched or petted?

Answer _____

What kind of toys does your dog like?

Answer _____

How would you describe your dog's activity level? (calm, active, laid back etc)

Answer _____

Are there any problems that would limit or restrict the types of activities your dog may take part in? (eg hip or joint problems)

Answer _____

What verbal commands does your dog understand?

Answer

Does your dog know any hand signals?

Answer

Does your dog have a release word?

Answer

What size/type of dog does your dog enjoy playing with?

Answer

At what time of day does your dog normally eat, how much does he eat? (eg 1 cup)

Answer

How did you hear about Paws Claws N' Tails?

Answer

Thank you for taking the time to tell us this valuable information about your pet.