



Registration Form: Doggie Daycare & Boarding

Pet Owner Name: _____ Phone #'s _____

Address: _____

City, State, Zip Code: _____ Email: _____

Emergency Contact(s) _____ Phone: _____

Veterinarian: _____ Phone: _____

Who else is authorized to pick up your dog? _____

How did you hear about us? _____ Or Referred by: _____

Pet's Name: _____ Breed: _____ Age: _____ Years or Months

Male / Female Weight: _____ Color: _____ Spayed/Neutered: Yes / No

Food Name & Feeding Instructions: _____

Medications: _____ Allergies: _____

Describe any medical conditions: _____

How long has your dog been in your family? _____ House trained? Yes / No

Does your dog get along with other dogs? Yes / No Ever bitten another dog or person? Yes / No

Does your dog growl or snap when food or toys are taken away? _____

Is your dog a chewer or does it have oral fixation? (chews blankets, etc.) Yes / No

Has your dog previously boarded? Yes / No How does your dog behave at the facility? _____

How does your dog behave in public? _____

Has your dog ever had professional training? Yes / No If so, Where? _____

Fears? (thunderstorms, etc.) _____ Barks excessively? Yes / No

Has your dog ever climbed/jumped a fence? Yes / No Is your dog a digger? Yes / No

Any behavioral problems? Yes / No _____

Please attach a copy of your dog's current vaccinations or email it to info@rockytopk9.com

I understand Rocky Top K9, LLC may use my pictures of me or my dog for publicity or promotional purposes for Rocky Top K9, LLC without obligation or liability of any kind to me. Personal information will never be shared or sold. I further understand that while Rocky Top K9, LLC will do everything possible to keep my dog safe, but in the event of an emergency, I give permission for my dog to be seen / treated at a local veterinarian's office. I understand that there can be unforeseen circumstances that can occur, that there is a minimal risk of injury or death to my dog, and I hold Rocky Top K9, LLC harmless in case of such injury or death.

Signature _____ Date: _____