



CLIENT REGISTRATION

Primary Guardian's Name _____

Address _____ City _____ Zip _____

Home Phone # () _____ Work # () _____ Cell # () _____

Email Address (all WOOF correspondence is via e-mail) _____

Secondary Guardian's Name _____

Home Phone # () _____ Work # () _____ Cell # () _____

Other persons authorized to drop-off and /or pick-up my Dog(s):

Who is your local veterinarian facility? (We will attempt to take your dog here to seek medical attention if needed):

Veterinarian _____ or We do not Have a Local Vet _____

Please name a local friend or family member we can contact in case of an Emergency:

Name _____ Phone: _____ or None _____

HOW DID YOU HEAR ABOUT WOOF?

DOG INFORMATION

Dog 1 Name _____ Breed _____ Color _____

Sex: Male _____ Female _____ My Dog is Neutered / Spayed (required at 4+months): Yes No

Weight _____ lbs. Age: _____ Special Needs? _____

VACCINATIONS: Please do not fill in-we will contact your vet directly for this information! Employee Initials _____

(For WOOF use only) Bordetella _____ Distemper _____ Rabies _____

Dog 2 Name _____ Breed _____ Color _____

Sex: Male _____ Female _____ My Dog is Neutered / Spayed (required at 4+months): Yes No

Weight _____ lbs. Age: _____ Special Needs? _____

VACCINATIONS: Please do not fill in-we will contact your vet directly for this information! Employee Initials _____

(For WOOF use only) Bordetella _____ Distemper _____ Rabies _____

(WOOF USE ONLY) Trial day: _____ Outcome: _____ Boarding Dates To Book: _____ or Daycare

Photo Taken _____ Medical Release Filed _____ Account Flagged as New client _____ Boarding Dates Booked _____

Data Entry Completed on _____ By _____