



Date: \_\_\_\_\_

### NEW CUSTOMER REGISTRATION FORM

*(This form provides us with information regarding the owner & dog details which will be kept on file.)*

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

*(The local contact who is authorized to make decisions about your dog(s) in the event of an emergency)*

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

Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

### VETERINARY PRACTICE DETAILS

Name of Veterinary Practice: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Google  Yahoo  Word-of-Mouth  Veterinarian  Website  Other



(Please complete one form for each dog)

Name of Dog:			
Age:		Breed:	
Sex of Dog: Male <input type="checkbox"/> Female <input type="checkbox"/>		Spayed/Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vaccination Records: Yes <input type="checkbox"/> No <input type="checkbox"/> (No dog can be accepted without valid vaccination records)			
Insurance Company:		Policy Number:	
Does your dog have any existing medical conditions?			
Does your dog take any medication or food supplements?			
Food Brand, Quantity and Feeding times			
Does your dog have any special care requirements?			
Detail your dog's normal exercise regime			
Describe your dog's level of obedience and any unusual commands			
Does your dog have any anxiety issues? (Loud noises etc.)			
Does your dog have any behavioral issues, habits or routines?			
Has your dog ever displayed any aggressive or destructive behavior?			
Please provide any info to help understand your dog & make their stay more enjoyable.			
Can your dog be exercised with other like-minded dogs?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Can photographs of your dog be shown on our website? Yes <input type="checkbox"/> No <input type="checkbox"/>

**PLEASE READ & SIGN:** I have read the above questions and hereby state that the answers are true & correct. I also acknowledge that my dog is in good health without illness or injury upon acceptance to Picture Valley Dog Boarding.

Owner signature: \_\_\_\_\_

Date: \_\_\_\_\_