Sycamore Lane KENNELS AND FARM

Registration Form

Owners:		**Email:**
Address:		
City:	**State:**	**Zip:**
Home:	**Work:**	**Cell:**
Pet Name:	**Breed:**	**Color:**
Weight:	**Age:** **DOB:**	**Spayed or Neutered:** ☐**Yes** ☐**No** **Sex** ☐**Male** ☐**Female**

Who else is authorized to drop off/pick up your pet?

Instructions in case of emergency: _____

_____

Medical Information

Veterinarian: Dr. _____ at _____Clinic/Hospital

Address: _____ Phone: _____

Alergies (if any) _____

Current Medications _____ Frequency & time administered _____

_____ _____

Does you dog have any physical disabilities or pre-existing medical conditions? ☐ Yes or ☐ No If Yes, please explain and if medication is used to control the condition, please provide medication name and dosage:

_____

Does your dog have any sensitive areas on his/her body? ☐ Yes or ☐ No If Yes, please explain:

Diet Info: Regular Food Brand _____ Feeding Times _____ QTY cups ____

Feeding Instructions: _____

Has you dog ever shared his/her food or toys with other animals? ☐ Yes or ☐ No If Yes, how does your dog react to another dog approaching his/her food or toys?

Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her? ☐ Yes or ☐ No If Yes, what were the circumstances and how did you respond?

Has your dog ever growled at someone? ☐ Yes or ☐ No If Yes, what were the circumstances and how did you respond?

Has your dog ever bitten someone? ☐ Yes or ☐ No If Yes, what were the circumstances and how did you respond?

Has your dog ever climbed/jumped a fence? ☐ Yes or ☐ No If Yes, what were the circumstances?

How does your dog react to another dog approaching in a park, at the beach or on a walk?

On Leash: Off Leash: