



Laughing
Dog
Kennels

Registration

Form

OWNER INFORMATION

Owners Name _____

Spouse Name _____

Address _____ Postal Code _____

Home Phone _____ Work Phone _____

Cellular _____

Spouse Cellular _____ Work Phone _____

Email _____

**Which number is the best to reach you at? ** _____

EMERGENCY CONTACT

Person to contact if you or your spouse cannot be reached; this person is also able to make emergency decisions and/or pick up.

Emergency Contact _____

Relationship to you _____

Address _____

Home Phone _____ Work Phone _____

Cellular _____

AUTHORIZED PERSON(S) TO PICK UP YOUR DOG: (PICTURE IDENTIFICATION WILL BE REQUIRED)

Name _____ Phone _____

Name _____ Phone _____

VETERINARY INFORMATION

Veterinarians Name _____

Hospital or Clinic Name _____

Address _____

Phone _____

After hours/emergency phone _____

Maximum amount of money to spend in case of emergency and we cannot reach you \$ _____

PET INFORMATION

Pet Name _____

Pet Birthday _____

Breed _____ Sex _____ Age _____

Neutered/spayed: Yes No Weight _____

Color/Markings _____

License # _____ Tattoo _____ Microchip _____

VACCINATIONS (EXPIRY DATE)

Distemper _____

Parvovirus _____

Para influenza _____

Hepatitis _____

Bordetella (kennel cough) _____

Rabies (optional) _____

Do you use a flea/ tick treatment? (if so which kind) _____

****please attach a note from your vet verifying proof of current vaccinations or bring in their vaccination records****

GENERAL

How long have you owned your dog? _____

Have you owned your dog since he/she was a puppy? Yes No

If no, do you have good knowledge of your dogs prior history? Please explain:

Has your dog been to a daycare/boarding facility? Yes No

How often did your dog attend the facility?

What do you do with your dog when you're not home?

BEHAVIOURAL

How would you explain the personality type of your dog? _____

Does your dog play well with others? Yes No

If no, please explain: _____

Have you visited off leash parks? Yes No

Any issues in that environment? _____

Has your dog ever shown aggression towards people? Yes No

If yes, please explain: _____

Has your dog ever bitten a person hard enough to break the skin? Explain the circumstances and cause (if known): _____

Has your dog ever been involved in an altercation with another dog? Yes No

Do you know what caused the altercation? _____

What was the outcome? Were there injuries sustained to either dog?

Is there anything specific that sets your dog "off" or makes him/her upset?

Has your dog ever reacted negatively when someone took away food or toys? Yes No

If yes, please explain: _____

FEEDING/ALLERGIES/MEDICATIONS

Please provide your dog's feeding times and portion amounts (ie cup size): _____

****Please provide an ample amount of your dog's food in a sealable container when dropping your dog off ****

Does your dog have any specific dietary restrictions? (ie low calorie, allergies to food/treats) Please list and explain: _____

Is your dog allowed snacks/treats? Yes No

Does your dog have any allergies/sensitivities? (ie bee stings, bug bites, weeds, grasses, pollen) that we should know about? Yes No

If yes, please explain: _____

Does your dog need to be given any medications? Yes No

If yes, please explain (time of day, dosage and application method):

Has your dog been sick recently? Yes No

If yes, please explain: _____

FACILITY/ACTIVITY LEVEL/TRAINING

Is your dog comfortable on a leash? Yes No

Is your dog known to be an escape artist? Yes No

If yes, please explain (ie scaled fence, dug under, or able to open latches): _____

Does your dog have any problems in the following areas: (please check all that apply):x

Barking House training Digging

Chewing/destructiveness Separation anxiety Jumping/Climbing

Does your dog have difficulty seeing or hearing? Yes No

If yes, please explain: _____

Describe your dogs activity level and/or any restrictions that should be placed upon your dogs activities:

Is your dog easily scared by anything? (ie noises, actions, smells, or certain objects)

Is there any particular type of person your dog tends to dislike or fear? (ie gender, children, or people in uniform):

Has your dog ever had any formal obedience training? Yes No

Whether formally trained or not, what commands does your dog understand:

Does your dog know any hand signals?

Does your dog have a release word? _____

PLAY TIME FUN (OPTIONAL)

What is your dog's favorite thing to do? _____

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

What does your dog do to show that he/she is happy? _____

What kind of toys does your dog like? _____

What type/size of dog(s) does your dog like to play with? _____

Does your dog like to play in the water/sprinkler? Yes No

Is it permissible for your dog to have playtime access to water park/sprinkler as they may be dirty/muddy when entering your vehicle upon pick up? Yes No

Any additional information that you feel would enhance your dogs stay?

How did you hear about Laughing Dog Kennels? _____

Note** we use these answers to gauge socialization skills and make your pets stay as fun as possible. These answers will also help keep our other guests and staff members safe. **