



# Guest Registration Form

Pets Name: \_\_\_\_\_ Breed: \_\_\_\_\_

DOB: \_\_\_\_\_ Color: \_\_\_\_\_

Male   Neutered Male   or   Female   Spayed Female   Micro Chip ID: \_\_\_\_\_  
(Circle One)

Owners Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

Veterinarian: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Health Concern: \_\_\_\_\_ Medication: \_\_\_\_\_  
(Name) (Dosage) (Time)

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(Name) (Dosage) (Time)

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(Name) (Dosage) (Time)

Rabies: \_\_\_\_\_ Distemper/Parvo: \_\_\_\_\_  
(Date Given) (Date Due) (Cert. #) (Date Given) (Date Due)

Bordatella: \_\_\_\_\_ Method of Flea and Tick Control: \_\_\_\_\_  
(Date Given) (Date Due) (Brand) (Date Given)

Diet: Dry: \_\_\_\_\_ Wet: \_\_\_\_\_  
(Brand) (Amount) (Time) (Brand) (Amount) (Time)

Friendly with other animals? Yes or No      Friendly with children? Yes or No  
May we have permission to display pictures of your pet in our business and on our website? Yes or No

How did you learn of Dog-On Vacation? \_\_\_\_\_

Notes/Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a responsible pet owner I have given Dog-On Vacation the permission to care for my canine companion. I have completed the information on the Registration Form to the best of my knowledge and have provided copies of the most recent vaccination records. I understand that my pet will be treated with kindness and humanity and that the owners of Dog-On Vacation will make decisions for them as they would their personal pets.

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