



Registration Intake Form:

**Client Information:**

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

Emergency Contact or Second Owner: \_\_\_\_\_

Dates of Boarding: \_\_\_\_\_ Total days \_\_\_\_\_

**Pet Information:**

Name: \_\_\_\_\_ Fixed: Yes/No

Veterinary Office: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Pet Insurance Policy Company and Number: \_\_\_\_\_

Feeding & Medication: \_\_\_\_\_

Notes:

**Required Vaccines: please provide vet documentation, I.E. proof of vaccines**

Rabies: Expiration Date \_\_:\_\_:\_\_

DHPP: \_\_:\_\_:\_\_ Bordetella: \_\_:\_\_:\_\_

Dewormer: \_\_:\_\_:\_\_ Flea & Tick Prevention \_\_:\_\_\_\_

**MUST COME WITH Collar with identification tags, kibble. NO air tags please**

No need to bring crates, dog toys, blankets.