

Woof Ranch



Registration Packet – Second Dog

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Please fill out this form for **each pet**, checking the appropriate options if applicable and sign and date each page.

Client Information

Date: _____

Clients Name: _____

Address: _____

Email (will be kept private): _____

Home Phone: _____ Cell Phone: _____

Alternate Contact: _____ Phone: _____

Pet Information

Dogs must be spayed/neutered over the age of 6 months and a copy of it's current Vaccine Report is required.

Pet's Name: _____ Birth Date (Month / Year): _____

Breed: _____ Color / Description: _____

Sex: Male Female Spayed / Neutered: Yes No Weight: _____

Vet / Clinic Name: _____ Vet / Clinic Phone: _____

Is pet a: Fence climber Fence jumper Digger Afraid of: Thunderstorms Other? _____

Has your pet ever shown signs of aggression toward other humans or animals? If so please describe:

Where does your pet sleep at home: _____

Is your pet crate trained: Yes No Has your pet ever had a seizure? Yes No

What brand of food do you feed your pet, how much and how often? _____

Does your pet have any other health or behavioral issues? _____
