



The Balanced Bark

REGISTRATION FORM

Personal Information:

Last Name: _____ First Name: _____

Address: _____ City: _____

Postal Code: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____

Email Address: _____

Alternate Person who may pick up your dog(s)?

Phone: () _____

*Please choose a password that only you and those authorized to pick up your dog (s) will know: _____

In case of Emergency (Contact):

Last Name: _____ First Name: _____

Address: _____ City: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____

Email Address _____

Veterinarian:

Name: _____ Phone: () _____

Address: _____

Pet Information:

Name: _____ Sex: Male/Female

Spayed/Neutered: Yes/No

Age: _____ **Birthday:** _____ **Breed:** _____

Colors: _____ **Weight:** _____

License #: _____ **Microchip/Tattoo #:** _____

Please provide a photocopy of immunization record:

Immunizations: Bordetella (Kennel Cough)

DHLPP or DAP

Rabies

Does your dog have any health concerns that you are aware of: _____

If yes, please describe: _____

Is your dog currently on any medications? _____

Does your dog have any allergies? (food, etc.) _____

General information:

Where did you get your dog? _____

If adopted, do you have any knowledge of your dog's history: Yes/No

How long have you had your dog? _____

Has your dog attended a daycare before? Yes/No

If yes, was it a positive experience? Yes/No If No, please explain why?

Pet Behavioral:

Previous obedience training? Yes/No. If yes, please describe: _____

Does your dog know any commends? Yes/No. If yes, please describe:

How does your dog react to new dogs? _____

How does your dog react to other dogs? _____

How does your dog react to strangers? _____

Is your dog reactive around/fearful of children? _____

What other fears or sensitivities does your dog display? _____

Please check off any other behaviors:

Shyness

Jump on People

Fear bark/howl/cry

Chase small animals

Excessive pulling on lease

Guard objects/food

Has your dog ever growled/bitten/attacked as human? Yes/No

If yes, please describe: _____

Are there any parts of the body that your dog does not like to be touched?

Yes/No _____

Does your dog have a special place that they like to be petted or rubbed?

Yes/No _____

Is there anything else we should know about your dog? _____

Feeding:

How many times a day do you feed your dog? _____

At what time(s)? _____

What do you feed your dog and how much at each feeding: _____

Is your dog allowed to have treats: Yes/No _____

Name any treats your dog is not allowed to have? _____

Signature: _____

Date: _____

