



Cloud 9 doggy daycare - Registration Form

Dog's Name: _____

Guardian's Name(first/last): _____

*Email

address: _____

Home tel: _____ * Mobile: _____

Work: _____

Address: _____ City: _____ Postal code: _____

Emergency

contact: _____ Phone: _____

APPROVED PICK UP LIST - Authorized to pick up your dog in your absence.

(1) Name: _____ Phone: _____

(2) Name: _____ Phone: _____

How did you hear about us: _____

If Referral, by whom? _____

Veterinarian: _____

Location: _____

Phone: _____

Pet History

Your Dog's Information

Breed: _____ Color: _____

DOB: _____ Sex: M. Or F. Spayed/Neutered Y or N

Microchip #: _____ Registration #: _____

Vaccination requirement: please fill in gaps with expiry date and attach a copy of proof of vaccination to this form. All guest are required to keep this record up to date with us.

Please list any current health problems or concerns your dog may

have: _____

Feeding

instructions: _____

Medication

instructions: _____

Any allergies your dog may have that you are aware

of: _____

Guardian's

Signature: _____ Date: _____