

REGISTRATION FORM

SPRINGGROVE KENNELS

Owners Name & adress

Email _____ Cell : _____ HM _____

Pets Name(s)	_____		_____		_____	
Pets Sex	M	F	M	F	M	F
Desexed	Y	N	Y	N	Y	N

Medical conditions Y N Specify _____

Dietary conditions Y N Specify _____

Does your dog have any history of biting ot being aggressive with other dogs? _____

How does your dog react to other dogs ? (playful, shy, wary, tolerant, aggressive) _____

Does your dog have any history of biting ot being aggressive with people? _____

Does your pet know basic commands ? Y N Is group socialising ok for your pet? Y N

Does your dog have any fears (fireworks, thunderstorms, people, other dogs, etc) ? Y N _____

When left alone does your pet tend to dig, chew or bark ? _____

Ever boarded a kennel before? Y N Is your dog normally outside/ inside / in a crate ? _____

Does your dog have a tendency to escape from fenced areas? Y N

Has your Pet been treated for Fleas and Worms in the last Month? Y N

May we publish pictures of your dog on our Facebook page/ website? Y N

How did you hear about us? _____

Any special Instructions? _____

Emergency Contact : Name _____

Emergency Contact : Number _____

Emergency Contact : Name _____

Emergency Contact : Number _____

By signing this form I accept the Terms and Conditions for boarding my pet at Springgrove Kennels

Signature: _____

Date : _____