



Customer Registration Fido's Indoor Dog Park

About You

Customer Number _____ Dog Picture ___ Owner Picture ___

Name _____

Address _____ City _____

State _____ Zip _____

Home Number _____ Cell _____ Email _____

How did you hear about us?

Your Veterinarian

Veterinarian (Hospital & Dr. Name)

Phone _____ City _____

Emergency Contact

In the event you cannot be reached in an emergency, who would you like us to contact?

Name _____

Phone _____

Name _____

Phone _____

Release your dog(s) to the following people with proper I.D.

_____ By initialing here, you may verbally (by telephone) or in writing (by facsimile or otherwise) request that Fido's Indoor Dog Park release your dog(s) to someone other than the person listed above, and you release Fido's Indoor Dog Park from any and all responsibility for releasing your dog(s) to any person Fido's Indoor Dog Park believes to be authorized by yourself.



Dog Summary

1) Dog's name _____ **Breed** _____ **Sex** _____

Spayed / Neutered _____

Color or Markings _____ Date of birth _____

Weight _____

2) Dog's name _____ **Breed** _____ **Sex** _____

Spayed / Neutered _____

Color or Markings _____ Date of birth _____

Weight _____

3) Dog's name _____ **Breed** _____ **Sex** _____

Spayed / Neutered _____

Color or Markings _____ Date of birth _____

Weight _____

4) Dog's name _____ **Breed** _____ **Sex** _____

Spayed / Neutered _____

Color or Markings _____ Date of birth _____

Weight _____



About Your Dog(s): Complete for Each Dog

Dog's name _____ Breed _____ Sex _____
Spayed / Neutered _____ Color or Markings _____ Date of birth _____
Weight _____

Health

What is your dog's general health?

Please check all that applies to your dog:

Has seizures. If yes, how often and when do they occur?

_____ Tattoo or Microchip Spayed/Neutered

Has allergies. If yes, please list

Medication Requirements

Dietary Requirements

Flea prevention

If yes, what brand and when was it last applied? _____

Vaccinations

Please list the dates of the last vaccinations. Note: We require proof of these vaccinations from your vet.

Rabies _____ DHLP _____

Parvo _____ Bordetella _____

____ Evidence of vaccinations provided? If so, attach.



Temperament

How long have you owned your dog? _____

Where did you get your dog? _____

Please check all that apply to your dog:

- Separation anxiety
- Fears or apprehensions (e.g. firecrackers, big dogs, people, thunder, etc)
Please list if yes. _____
- Has been attacked by another dog, or been abused
If yes, please explain _____
- Climbs fences
- Runs away if off leash
- Aggressive with food bowl / toy when trying to remove it
- Aggressive with other dog / animals
- Aggressive with a person or has growled at a person
If yes, describe incident _____
- Socializes with other dogs
If yes, how often? _____
- Been to a doggie daycare before
If yes, how did your dog enjoy it _____
- Has negative interactions with other dogs
If yes, explain. _____
- Sensitive body parts
If yes, where? _____
- Disabilities or Limitations
If yes, please describe. _____
- Training of any kind
If yes, please list _____