Dog Registration Form

Dog owner's name:	
Dog owner's address:	
Home phone #:	
Cell phone #:	
Secondary contact person:	
Secondary person's phone #:	
Dog's registered name:	
Dog's pet name:	
Dog's date of birth:	
Dog's gender: ☐ Male ☐ Female	
Dog neutered: ☐ Yes ☐ No	
Description of dog:	
Is the dog microchipped: ☐ Yes ☐ No	
Chip ID #:	
Other identifiers:	
Is dog current on rabies vaccination?	☐ Yes ☐ No
Is dog current on other vaccinations?	☐ Yes ☐ No
Which vaccinations?	
Any allergies that the dog has?	
Any special dietary needs of the dog?	
Fitness of the dog:	
2 Dog photographs (showing face from front and overall from side)	

The information provided in this form is true to the best of my knowledge and belief.

Owner's signature:	
Date:	