



CITY SNIFFERS DOG CLUB

REGISTRATION FORM

Please note this form must be filled out in full and approved by the daycare prior to your dog's first booking. Once the application has been reviewed, an e-mail will be sent regarding approval along with a request to book an assessment for your pup's first visit.

OWNERS INFO

NAME First : _____ Last : _____

PHONE Cell : _____ Home : _____

E-MAIL _____

ADDRESS Street _____ City _____ Postal Code _____

EMERGENCY CONTACT Name : _____ Phone # _____

DOG'S INFO

NAME : _____ AGE : _____ D.O.B : _____

SEX Male / Female _____ BREED : _____

CURRENT WEIGHT (lbs) _____ SPAYED/ NEUTERED Yes / No _____

CITY LICENSE # _____ TATTOO / MICRO CHIP # _____

*Please note that pup's 6-8 months and up must be spayed/neutered to participate in programs. *

GENERAL INFO

How long have you had your dog?

Has your dog ever participated in a day care program?

Is your dog house trained?

How often do you socialize your dog and where? (i.e parks, walks etc.)

Familiar with basic commands (check all that apply) :

- | | |
|--------------------|-----------------|
| - Heal | - Sit |
| - Down (lie down) | - Stay |
| - Off (no jumping) | - Come (recall) |

Aggression towards people : never/ very rare/ sometimes/ often

Aggression towards animals : never/ very rare/ sometimes/ often

Dominance towards food, toys, etc. : never/ very rare/ sometimes/ often

HEALTH INFO

VETERINARY CLINIC :

VETERINARIANS FULL NAME :

PHONE NUMBER :

CLINIC ADDRESS :

* Note: All dogs must have all vaccinations up to date. Owners must submit proof of all vaccinations including Kennel Cough and Revolution when returning forms to be reviewed. Flea, Tick and Lice prevention treatments are highly recommended for ultimate protection. *

REQUIRED VACCINES :

Rabies Yes / No

DHLPP Yes / No

Bordetella Yes / No

Please state if there are any...

Health issues

Allergies/ Sensitivities (i.e food, seasonal etc.)

Physical limitations/ Injuries (i.e previous surgeries or medical conditions)

Medications or treatments needed to be given daily

CITY SNIFFER NOTES :

PRINT NAME :

SIGNATURE :

How did you hear about us?

- Google
- Instagram
- Referral
- Facebook
- Yelp
- Other (please state)

Once you've filled out the form and acknowledged all terms and conditions
please forward this to citysniffersdogclub@gmail.com
Or drop off your registration form at City Sniffers Dog Club
1248 The Queensway, we'd love to meet you.

Loving your pup since 2014.

