



**Pet Ranch
at Waiterock
REGISTRATION FORM**

Today's Date:		PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>	CONDITIONAL <input type="checkbox"/>
CLIENT INFORMATION				
CLIENT LAST NAME:		FIRST:		
Address:				
City & State:	Zip Code:	YOUR EMAIL ADDRESS: (We do not spam or share your info)		
Home Phone #:	Cell Phone #:	EMERGENCY CONTACT NAME & PHONE #:		
PET INFORMATION				
PET NAME:	BREED:	COLOR:		
Sex: _____ MALE _____ FEMALE	_____ NEUTERED _____ SPAYED _____ INTACT	IF STILL INTACT EXPECTED NEUTER/SPAY DATE:		
VET HOSPITAL NAME:		PHONE #		
BIRTH DATE:	WEIGHT:	SERVICES DESIRED: <input type="checkbox"/> SPA <input type="checkbox"/> DAYCARE <input type="checkbox"/> BOARDING <input type="checkbox"/> TRAINING		
WHERE DID YOU ACQUIRE/ADOPT YOUR PET:	WHEN?	HAS YOUR DOG ATTENDED FORMAL TRAINING?		
PRONE TO CHEWING OBJECTS?				
FEARS: (LOUD NOISES, ETC)		ANY HISTORY OF AGGRESSION OR FIGHTING? (Even if not initiated by your pet)		
OTHER FAMILY PETS?		HISTORY OF ILLNESS OR CONCERNS? ANY ALLERGIES?		
WHAT BRAND OF FOOD DO YOU BUY?				
MAIN REASON FOR THIS CHOICE OF FOOD: <input type="checkbox"/> PRICE <input type="checkbox"/> AVAILABILITY <input type="checkbox"/> INGREDIENTS <input type="checkbox"/> BRAND REPUTATION				
HOW DID YOU HEAR ABOUT US AND WHO CAN WE THANK WITH A REFERRAL GIFT?				