

Date: ___/___/___



Registration Form

1. Please make sure you have Signed our Contracts and Releases on our website.
2. Fill out the form below and e-mail it to info@mydoginc.us or fax to 724-473-0498. You may also upload it to your client portal.
3. Please makes sure to call your vet so we have the most up-to-date required records on file.
4. After completion of the above steps. Please call us at 724-473-0049 to confirm we have received all your dog's information.

Owners Name(s) *First & Last name:* _____

Owner(s) Phone Number: _____

Pet Name (One per form please): _____

Sex: Male Female Breed: _____

Spayed/Neutered? Yes No Pet Weight: _____

Where did you get your dog? Breeder Shelter Other: _____

Age at the time of adoption? _____

How long have you owned your dog? _____

If not owned since puppyhood, what do you know of their prior history?

What do you do with your dog when you leave the house (crate, leave out, pet sitter, etc.?)

Primary Service you are interested in? Daycare Boarding Grooming
 Enrichment Training

Any future services that you may be interested in? Daycare Boarding Grooming
 Enrichment Training

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Date: ___/___/___

Behavioral Information

Any other animals in the household? Yes No

If **yes**, please specify type of pet(s) and age:

Why are you considering daycare? Exercise Not Home Alone Socialization Other _____

(Check box "other" and Write in N/A if it is for overnight boarding and you're not considering socialization)

What is your dog's overall temperament at home?

Do you take your dog to the dog park or socialize at home? Yes No

If **yes**, how does he/she interact with other dogs? _____

Does your dog prefer: Small dogs Big dogs Male dogs Female dogs Unknown

Has your dog had any previous issues? Yes No

(Altercations w/ other dogs, biting, dismissed from other facility, etc.)

If **yes**, please explain: _____

Is your dog fearful of anything (Vacuum, thunder, loud noises, men/women, hats, glasses, etc.)?

How often is your dog deliberately exercised at home? Daily 3x a week Weekly Rarely

Has your dog seen a professional trainer? Yes No

If **yes**, which trainer and where did they attend training? _____

Does your dog know any basic commands or tricks? Yes No

If **yes**, please list: _____

Do you have any behavior concerns about your dog (Jumping, Nipping, Separation Anxiety, etc.)?

If **yes**, please provide details: _____

Does your dog play with toys? Yes No

Any specific toys they are not allowed? Yes No

If **yes**, please explain: _____

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Date: ___/___/___

Is your dog toy possessive (growls shows teeth, etc.)? Yes No

If yes, please explain: _____

Is your dog destructive with his/her toys? Yes No

If yes, please explain: _____

Has your dog ever escaped or attempted to escape your yard or leash? Yes No Unsure

If yes, please explain: _____

Does your dog dig? Yes No

Is your dog treat motivated? Yes No

Is your dog food aggressive? Yes No Unsure

If yes, please explain: _____

Medical History

Does your dog have any health or medical issues we should be aware of? Yes No

If yes, please list: _____

Does your dog have allergies? Yes No

If yes, please list: _____

Is your dog allowed regular treats? Yes No

Grooming

Does your dog get groomed or bathed regularly? Yes No

Does your dog like getting brushed? Yes No

How does your dog react getting nails clipped? Perfect Good Not well/needs muzzled or vet

Are there parts of your dog's body he/she does not like touched? Yes No

If yes, which body parts: _____

Any other information you would like us to know about your dog?

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