



## Canine Registration

Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
DOB: \_\_\_\_\_ If unknown, please estimate month and year

Sex:  Female  Spayed  Male  Neutered  
Weight: \_\_\_\_\_ lbs \_\_\_\_\_ oz  
Microchip:  Y  N number: \_\_\_\_\_  
Known allergies: \_\_\_\_\_

### Vaccination History

Please enter the date of the last vaccination.

Bordatella (Kennel Cough) \_\_\_\_\_  
DHLP-Parvo \_\_\_\_\_  
DHLP-Parvo-Corona \_\_\_\_\_  
Lyme's \_\_\_\_\_

Parvo \_\_\_\_\_  
Parvo-Corona \_\_\_\_\_  
Rabies \_\_\_\_\_  1 year  3 year

### Health Profile

How many dogs do you have? \_\_\_\_\_  
Do you have other pets?  
 Yes please list \_\_\_\_\_  
 No \_\_\_\_\_

Do you live in an apartment or house?  
 Apartment  
 House

If you live in a house, is your backyard fenced?  
 Yes  
 No

Do you live in the country or on a farm?  
 Yes  
 No

Do you walk your dog on a leash or let him/her run free?  
 On a leash  
 Run free

How much exercise do you think your dog gets?  
 Very little  
 A moderate amount  
 An extreme amount

Do you take your dog camping or into the woods?  
 Yes  
 No

What type of food do you feed your dog?  
 Dry brand \_\_\_\_\_  
 Canned brand \_\_\_\_\_

Do you have any children?  
 Yes  
 No

Who is the main caretaker of your dog? \_\_\_\_\_  
How often do you take your dog to the veterinarian?

When sick or emergency  
 Every 6 months  
 Monthly  
 More than once a month

Is your dog on a heartworm preventative?  
 Yes name \_\_\_\_\_  
 No  
 Don't know

Is your dog up to date on its vaccinations?  
 Yes  
 No  
 Don't know

Do you use a flea/tick preventative?  
 Yes name \_\_\_\_\_  
 No  
 Don't know

### Authorization

Signed \_\_\_\_\_ Date \_\_\_\_\_