



Registration Sheet

29699 Road 158 • Visalia, CA 93292 • 559 734-6335

Boarding Duration: _____ to _____

Drop Off Time: _____ Pick Up Time: _____

Owner Name: _____

Address: _____ Zip: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Pet's Name: _____

Sex: _____ Age: _____ Does Dog Bite: _____

Spayed/Neutered: _____ Is Your Pet Currently In Heat: _____

Dog: _____ Cat: _____ Other: _____

Breed: _____ Coloring: _____

All Dogs & Cats Must Be Flea & Tick Free at time of boarding.

Please indicate the type of treatment used: _____ Date Applied: _____

Medical Problems if Any: _____

Medications & Dosage: _____

Feeding or Care Instructions: _____

Veterinary Clinic/Doctor: _____

Address: _____ Phone: _____

The Following Person May Be Contacted & Deemed Responsible For The Pets Welfare In Case Of Any Emergency If The Owner Cannot Be Contacted: _____

Phone: _____ Relationship: _____

*****Please clearly label ALL pet's belongings*****