



Hatrick's House

BOARDING KENNELS

Registration Form - Dogs

306-980-5140 info@hatrickshouse.com www.hatrickshouse.ca

Thank you for choosing Hatrick's House Boarding Kennels to take care of your family. Please fill out the following form – either typed or large, clear printing please.

Owner Information

Name: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Phone Home: _____ Work: _____

Cell: _____

Alternate Emergency Contact (other than owner)

Name: _____ Phone: _____

Pet Information:

Pet Name: _____ Breed: _____

Gender: M/F _____ Spayed or Neutered: Yes/No _____

Overnight Boarding

Drop off Date: _____ Pick up Date: _____

Feeding Info: (Frequency/Amount/Treats)

Veterinarian Information

Veterinarian: _____ Phone: _____

After Hours Contact: _____

Vaccination Information (Please attach copy of vet record for our file)

Dogs:

Rabies Yes/No Date Received: _____

Kennel Cough Yes/No Date Received: _____

Distemper/Hepatitis/Parainfluenza/Parvo Date: _____

Tick/Flea Medication Yes/No Monthly

Forms of identification: Tattoo Microchip None

General Health Information

Does your pet have any health problems that we should be aware of?
Please describe.

Does your pet require any medication? Yes/No _____

If yes, please provide details on dosage, timing and appropriate ways to administer.

Has your pet ever been to a kennel in the past? Yes/No _____

Provide some details if it would help ensure that their stay with us is a positive experience.

Is there something special that your pet likes to play or do?

Is there anything else we should know about your pet?

For Dogs Only:

Does your dog go to places to socialize with other dogs: Y/N _____

Does your dog get along well with other dogs? Y/N _____

Is your dog crate trained? Y/N _____

Does your dog jump or climb fences? Y/N _____

Certification of Ownership

I certify that I am the pet owner, and/or that I am authorized to board the pet and sign this form that the above information is true.

Signature

Date