



Registration Information

Owner's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Dog's Name _____ Birthdate _____ Weight _____ lbs.

Breed _____ Sex: M ___ or F ___ Color _____

Description of dog (ie distinct markings): _____

My dog is... Spayed ___ Neutered ___ Neither ___ No, my dog is under 6 mo. old. ___

Veterinarian Hospital _____ Contact _____ Ph# _____

Address _____ City _____ State _____ Zip _____

Does your dog have any allergies? Yes No

If yes, please explain _____

EMERGENCY CONTACT: (someone not traveling with you)

Name _____ Relationship _____

Home Ph#: _____ Work Ph# _____ Cell Ph# _____

MEDICATIONS: Please list below any medications your dog is currently taking. Also, give dosage and dispensing instructions.

Diggs for Dogs also requires a copy of your dog's vaccination records showing proof of Rabies, Distemper (DHLPP) and Bordetella. Please supply copies at check in or give us your vet's contact information at the time of reservation and we will request it for you.

PHOTO RELEASE: I authorize Diggs for Dogs Boarding Kennel to use photos and or videos of my dog for promotional purposes in publications, advertising, web and social media.

YES _____ NO _____ Follow us: @diggsfordogs



For Office Use: