



www.thepoochpatio.com

For Pooch Patio Use
PetExec <input type="checkbox"/>
Initials: _____

## DOG REGISTRATION SHEET

REQUIRED: ONE PER DOG

OWNER's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOG Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Gender: Male  Female

SPAYED (females) or NEUTERED (males):  (required at the age of 6 months+)

Weight: \_\_\_\_\_ lbs.

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Persons Authorized to Drop off and/or Pick-Up my dog(s):  
(NOTE: your pet will not be released to anyone not designated below)

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### BEHAVIORAL INFORMATION:

Has your dog been in a pack environment/daycare/socialized setting previously? Yes  No

Does your dog exhibit any of these behaviors?

- Aggressive – Leash, People or Dog Yes
- Biter Yes
- Chewer (Blanket/Towel/Cots) Yes
- Coprophagia (poop eater) Yes
- Digger Yes
- DO NOT CRATE Yes
- Excessive Barking Yes
- Excessive Marking Yes
- Excessive Mounting Yes
- Food Aggressive Yes
- Food Allergy Yes
- Jumper Yes
- Not House-Trained Yes
- Separation Anxiety Yes
- Toy Possessive Yes

Any other behaviors/issues we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION:**

List any known medical issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any known allergies: \_\_\_\_\_  
\_\_\_\_\_

Is your dog on any medications? Yes  No

If yes, List medications, dosage and times:

\_\_\_\_\_  
\_\_\_\_\_

What monthly flea/tick preventative is your pet given? \_\_\_\_\_  
Date given monthly? \_\_\_\_\_

What type of monthly heartworm preventative is your pet given? \_\_\_\_\_  
Date given monthly? \_\_\_\_\_

Veterinarian Practice: \_\_\_\_\_  
Vet's name: \_\_\_\_\_  
Phone number: \_\_\_\_\_