## Katahdin Kritters Pet Resort, LLC.

## **Registration Form**

Owner's Name			Date	
Address				
City				
Primary Phone Num	oer	Alte	ernate	
Email address				
Emergency Contact I	nfo Name/Nun	nber		
Who may pick up/dr	op off your pet	?		
Name & Practice of \	/et			
Address		City	State	Zip
Veterinarian's Phone	Number			
I give my permission the KKPR website or			ken and possibly pu	ublished on
Yes	No			
I give my permission Greenies, 4Health Tr		to give my pet(	s) a treat, such as N	√lilk Bone,
Yes	No			
Owner's Signature:				

## **Pet Personal Information**

Pet Name:		Br	eed:		
Age & DOB:	Weig	ht:	Co	olor:	
Does your dog have a micro	ochip?	ID	Number:		
Male or Female (Circle one	) Is yo	ur dog spay	red/neuter	ed?	
Date of last immunizations	s:				
Rabies:	_				
Distemper/Parvo:					
Bordatella (Kennel Cough)	Optional v	/accine:			
Name of flea/tick prevention	on?				
Date last applied?					
Does your pet have any allo	ergies?				
Any medical conditions?					
Any physical restrictions (h	ip dysplas	ia, etc.)?			
Is your pet on any medicat	ions?				
Name of	medication	on:			
Dosage:			AM, PM,	Both AM/PI	√l
Is your pet on a special die	t of feedir	ig schedule	?		
M	orning	Quantity			_
Af	ternoon	Quantity			_
Ev	ening	Quantity			_

## Questionaire

Is your dog aggressive with:								
Strangers								
Food								
Toys								
Other dogs								
Has your dog ever bitten another dog or person?								
Explain:								
Does your dog enjoy being brushed:Any Sensitive Spots?								
Do you consider your dog dominant or submissive? (Circle one)								
What is your dog afraid of? (thunder, men, etc.)								
How does your dog react to new dogs?								
Does your dog usually come when you call?								
What is your dog's favorite activity?								
Does your dog have separation anxiety?								
Any other comments that would make your dog feel more comfortable while staying at KKPR?								