

## Registration Form

Owner: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
 County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ How did you hear about our B&B? \_\_\_\_\_

**Pet Health History:**

<b>Name (s):</b>		
<b>Type (s):</b>	<i>Canine / Feline / Exotic</i>	<i>Canine / Feline / Exotic</i>
<b>Breed:</b>		
<b>Color:</b>		
<b>Age:</b>		
<b>Sex:</b>		
<b>Weight:</b>		

**Questions:**

- 1.) Has your pet ever bitten anyone: Y / N if yes explain: \_\_\_\_\_
- 2.) Is there anything your pet might be afraid of? \_\_\_\_\_
- 3.) Does your pet have any allergies or health issues we should be concerned about? \_\_\_\_\_
- 4.) Does your pet need medication while staying in our care? Y/N \_\_\_\_\_
- 5.) What are some of your pet(s) favorite things to do? \_\_\_\_\_
- 6.) What is your current feeding schedule and brand? \_\_\_\_\_
- 7.) Does your pet have an electronic implant or tattoo? \_\_\_\_\_
- 8.) Has your pet ever been in a crate for transport/comfort, etc? \_\_\_\_\_
- 9.) Do you have any further special instructions? \_\_\_\_\_

**Emergency Information:**

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Whom should we contact in case of an emergency?  
 Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Date In:	Est. Date Out:	Activities:	Services:	Instructions/Comments	Date Out:	Charge:

Nightly Rate: \_\_\_\_\_ Pet Van: One Way: \_\_\_\_\_ Round Trip: \_\_\_\_\_

