



Pet Services Registration

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RESERVATIONS CAN BE MADE BY PHONE OR EMAIL.
IF YOU EMAIL YOUR RESERVATION, IT IS NOT CONFIRMED UNTIL WE CONTACT YOU.

PRIOR TO MAKING A RESERVATION FOR ANY SERVICE, WE MUST BE IN RECEIPT OF THIS REGISTRATION FORM AND COMPLETE VACCINATION RECORDS.

PLEASE HELP US HELP YOU.....

- * ALLOW AT LEAST 10 MINUTES TO CHECK IN YOUR DOG.
- * A FREE 2 HOUR TRIAL IS RECOMMENDED PRIOR TO BOARDING AND DAY CARE.
- * ASSURE YOUR PET IS CURRENT ON A MONTHLY FLEA & HEARTWORM/HOOKWORM PREVENTATIVE
Dogs found to have fleas or flea dirt at check in will require a Capstar and a bath or may not be admitted depending on the case. We do not accept dogs with ticks.

How did you hear about us? If a friend, please give their name: _____

Do you have our Friend Referral Card? Yes _____ No _____
If yes, you and your friend will receive one free night of boarding!

HUMAN INFORMATION:

First Name: _____ Last Name: _____

Second Owner's Name: _____

Home Address: _____

Cell Phone #1 _____ Home Phone: _____

Cell Phone #2 _____ Work Phone: _____

Email Address: _____

**WE REQUIRE AT LEAST ONE LOCAL EMERGENCY CONTACT PERSON
WHO MUST BE ABLE TO PICK UP YOUR PET IN CASE OF AN EMERGENCY.**

Name: _____ Phone: _____

Email Address: _____

Name: _____ Phone: _____

Email Address: _____

VET INFORMATION:

Hospital Name: _____

Veterinarians Name: _____

Address: _____

Phone: _____

PET INFORMATION

Name: _____ Breed: _____

Color: _____ Weight: _____ Sex: _____ DOB/Age: _____

Neutered OR Spayed: Yes _____ No _____

Please note: we do not allow females in heat for any service. Non-neutered males may be groomed, but are not permitted in our day care program.

My dog was:

Adopted from a County Shelter

Adopted from a no-kill rescue group

Found

Purchased from a store

Purchased from a breeder

Other _____

How long have you had your dog? _____

Has your dog ever boarded before? _____ If so, where and when?

Is your dog compatible with other dogs? Yes _____ No _____

Has your dog ever bitten another dog? Yes _____ No _____

Do you take your dog to a dog park? Yes _____ No _____

Do we have permission to place your dog in the day care group? Yes _____ No _____

Monthly Preventative	Brand	Last Date Given
Flea and Tick		
Heartworm/ Hookworm		

PET'S HEALTH:

List any chronic health problems? _____

Describe any current medical conditions, surgeries, or physical impairments: _____

List any allergies? _____

If your dog has seizures, when was the last seizure? _____ How often do seizures occur? _____

Please describe any mobility or arthritis issues: _____

Has your pet ever been diagnosed with Canine Cough? Yes ___ No ___ If yes, when: _____.

Has your pet ever been diagnosed with Canine Influenza? Yes ___ No ___ If yes, when: _____.

Has your pet ever been diagnosed with Heartworms, Hookworms, Tapeworms or any other intestinal parasite?

Yes ___ No ___ If so, when and which parasite: _____

Is your dog currently being treated? Please explain: _____

PET'S PERSONALITY – Check all that apply:

<input type="checkbox"/> History of biting a person	<input type="checkbox"/> History of destructive chewing	<input type="checkbox"/> Storm Anxiety
<input type="checkbox"/> History of biting a dog	<input type="checkbox"/> Protective over food	<input type="checkbox"/> Digs under fences
<input type="checkbox"/> Aggressive toward dogs	<input type="checkbox"/> Possessive over toys	<input type="checkbox"/> Climbs over fences
<input type="checkbox"/> Fear biter	<input type="checkbox"/> Excessive barker or whiner	<input type="checkbox"/> Eats rocks
<input type="checkbox"/> Fear of men	<input type="checkbox"/> Picky eater	<input type="checkbox"/> Will chew blankets
<input type="checkbox"/> Separation Anxiety	<input type="checkbox"/> Chews Blankets	<input type="checkbox"/> NONE APPLY

What else would you like us to know about your dog's personality?

List any special needs or instructions: _____

PLEASE ASK US FOR ADDITIONAL PET INFO PAGES FOR ADDITIONAL DOGS

IN CASE OF EMERGENCY:

The pet owner will be notified immediately. Emergencies will be transported to the customer's veterinarian if it is within a reasonable distance. Otherwise, we will transport the pet to a local veterinarian. Depending on the situation and the time of day, emergencies may need to be transported to an after hours hospital.

If I am unable to be reached to make medical decisions regarding my pet, I authorize the following person/s to act as agent:

Name: _____

Name: _____

If agent is different from your emergency contact person, please give their information:

Phone # 1: _____ Phone # 2: _____

Email Address: _____

Address: _____

PAYMENT:

In case you are unable to be reached, a credit card number is required on file for medical emergencies. You may not check in for boarding services if we do not have a credit card number on file.

Payment for services must be received at the time of check-out. We accept the following forms of payment: Visa, MasterCard, Discover, Debit cards, Checks and Cash. Returned checks will be charged an additional fee of \$25.00. The full amount must be paid in cash or cashier's check.

Name of cardholder: _____

Circle one: Visa MasterCard Discover

Credit card# _____ exp. date: _____

I have read, understand, and agree to the above Requirements and Policies for all Pet Care Services.

If I am unable to be reached, I authorize The Green K9 to charge my credit card for medical services approved by myself and/or my agent listed above.

If I am unable to physically pick up my dog, I authorize The Green K9 to charge my card for services provided by The Green K9.

Signature: _____ Date: _____

