

## Customer Registration

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Home/Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Were you referred by anyone?** Yes  No  **Referral Name:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

## Emergency Contacts

Please list two separate contacts that will be available while you are gone:

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_

## Dog # 1 Information

**Dog's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **S/N: Yes No**

**Colors/Markings:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Where did you get your dog?** \_\_\_\_\_ **When did you get your dog?** \_\_\_\_\_

**Behavioral Concerns?** Yes  No  **Please explain:** \_\_\_\_\_

**Health Concerns:** \_\_\_\_\_

**Dog # 2 Information**

**Dog's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **S/N: Yes No**  
**Colors/Markings:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_  
**Where did you get your dog?** \_\_\_\_\_ **When did you get your dog?** \_\_\_\_\_  
**Behavioral Concerns? Yes  No  Please explain:** \_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

**Veterinarian/Hospital:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Does dog have medical condition?  Yes  No Please explain:** \_\_\_\_\_  
\_\_\_\_\_

**Current list of medications, vitamins or supplements:** \_\_\_\_\_

**Please Sign Below:**  
My representations, about my dog(s), are true, and have not been falsified to gain admittance to Dogs By Charlene I will review and sign the Services Agreement which further details Requirements and Restrictions for all registered dogs at Dogs By Charlene.

**Owner Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_