

DRAGONLUCK KENNELS
Registration Information and Release

Date filled out _____
Family Name _____ Owner First name _____
Second Owner Last name if different _____ Second owner first name _____
Please add all owners.

Address _____ City _____
Phone _____
Email where invoices will be sent: _____
Dogs Name _____ Age _____
Description _____
Collar Color _____ Tags Yes__ No__

Emergency Contact Name (someone who will be in the city) _____

Phone _____

Name of Veterinary Clinic _____

Address _____ Phone _____

Diet: Type of Food _____

Feeding Schedule _____

How much at each meal? _____

Please do not bring a measuring scoop. We use a measuring cup.

Sleeping arrangements _____

Is your dog used to being in a crate? Yes__ No__

Does your dog exercise off leash? yes no

Is your dog used to: **Other dogs** Yes__ No__ **Cats** Yes__ No__ **Children** Yes__ No__
A fenced yard Yes__ No__ **Being tied in the yard** Yes__ No__

Is your dog allowed to roam the neighbourhood? Yes ___ NO ___

Does your dog like to swim? YES ___ NO ___

Vaccinations: Last done _____ Rabies ___ Parvo _____

Other _____

PLEASE DO NOT BRING VACCINE CERTIFICATES

Does the dog require any medications? Yes ___ No ___

Please list them and what they are for, as well as the times to be given.

Has your dog ever had any problem with “hot spots?” Ear infections?

If yes what did you treat them with?

Does your dog have allergies? Please list with symptoms and treatments:

Any other information you wish to share:

Has your dog had any unpleasant incidents with other dogs? _____ What triggered it?

_____ How did it effect their behaviours?

Has your dog been to a kennel before? _____ How did they react? _____

Revised Jan 2023