



DOG REGISTRATION FORM

115 9th Ave NE Perham, MN 56573 – 218-346-7487 – www.thebackyardperham.com – thebackyardboarding@gmail.com

Date: _____ Services Interested In (Please Check Those That Apply) Daycare Boarding

Pet Parent Info (If your dog is over the age of 9, please fill out a senior pet form instead.)

Name: _____ Phone: _____ Email: _____

Dog(s) Info

Name: _____ Breed/Description: _____ Spayed/Neutered? Yes No

Color: _____ Approx. Weight: _____ Birthdate (if known): _____ Age: _____

Gender: Male Female

***All dogs over the age of 7 months old must be spayed or neutered to participate in playcare.**

Where did you get your dog? Breeder Rescue/Shelter Re-Homed Found

How long have you had your dog? _____

Has your dog ever been in daycare/boarding before? Yes No

If yes, how did your dog do?

When would you like to start daycare? _____

If boarding, what is your start date? _____ End date?

Which days of the week will you be coming to daycare? Mon Tues Wed Thurs Fri

What is most important to you about your dog's care?

Health History

Required vaccinations (a current vaccination record will be required from your vet):

- Rabies
- Bordetella
- DHPP (Distemper/Parvo combo)
- Must also be flea/tick free, and be current on flea/tick preventatives

Check any health concerns your dog has experienced in the last 6 months:

- Ear Infections Eye Infections Allergies Gastritis/Bloat Heartworm
- Tapeworms Canine Cough Heat Stroke Seizures Fleas/Ticks

Additional Health Concerns (check all that apply):

- Heart Vision Hearing Skin Joints

Surgeries (describe): _____

Regular Medications (describe): _____

Does your dog have any known allergies (ex: food, cleaning products, grooming products)?

Behavior & Social Interactions

Describe your dogs personality:

How would you describe your dogs energy level?

Is/has your dog (check all that apply):

- Crate Trained Escaped a crate/door, if checked please explain:

Climbed/jumped fences, if checked please explain:

Eaten foreign objects, if checked please explain:

Does your dog go to dog parks or other off leash environments? If yes, how often? _____

Has your dog ever nipped or bitten anyone? If checked, please explain: _____

Has your dog ever been dismissed from daycare/boarding? If checked, please explain:

Does your dog share toys/bones/etc. with other dogs? Yes No If no, please explain:

Is there any person, dog, or environment that makes your dog uncomfortable? Yes No
If yes, explain:

Does your dog play well with dogs of all sizes and breeds? Yes No If no, please explain:

How does your dog interact with puppies?

My dog... Please check all those that apply:

- Is shy/ nervous around new people or strangers Has separation anxiety
- Is dog reactive on a leash Is shy/nervous around other dogs Plays rough Prefers to be left alone
- Loves to chase/be chased by other dogs Plays respectfully with other dogs

Has your dog taken obedience classes or had any other training? Yes No If yes, please explain:

Diet

What brand and type of food does your dog eat? _____ Is it grain-free? Yes No

How much per meal? _____ How often? _____

If there anything else about your dog that we should know?
