

Airport Ranch
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 airport@weloveyourdog.net



Northeast Ranch
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REGISTRATION FORM (one per dog, please)

CLIENT INFORMATION			
Human's Name:			Date:
Address:		City:	State: Zip:
Home:	Cell:	Work:	
Would you like to be emailed Promotions and Info on Ranch Events? No SPAM ever! <input type="checkbox"/> NO <input type="checkbox"/> YES			
Email address:			
How did you hear about Pawderosa Ranch? (A friend? Provide their name so we can thank them!)			
EMERGENCY CONTACT INFORMATION			
1) Name:		Relation:	
Home:	Cell:	Work:	
2) Name:		Relation:	
Home:	Cell:	Work:	
Who beside yourself is authorized to pick-up your dog(s)?			
Name:		Phone:	
Name:		Phone:	
PET INFORMATION			
Name:		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
Breed:		<input type="checkbox"/> INTACT	<input type="checkbox"/> FIXED
Colors/Markings:			Weight
Birthday (or day celebrated) and Year:		Is your dog microchipped? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Is it OK for us to take photos or videos of your dog that might be posted on our website, social media pages, or in other advertising for Pawderosa Ranch? <input type="checkbox"/> NO <input type="checkbox"/> YES			

Dog's Name _____

MEDICAL INFORMATION

Veterinarian's Office: _____ City: _____ Phone: _____

Does your dog take any medications? NO YES - please list below

Medication:

Directions

Will we be administering?

NO YES

NO YES

ADDITIONAL INFORMATION

Has your dog ever been in daycare before? NO YES

Has your dog been otherwise socialized? How/Where?

Is your dog crate trained? NO YES

When and Where did you get your dog?

How many people are in your household?
Adults: _____ Male _____ Female
Children: _____ Male _____ Female

How does your dog act around children?

Are there other animals in your household? NO YES - please list below

Species/Breed

Name

M/F

Intact/Fixed

Age

Does your dog get along with the other resident animals? YES NO - explain

Is your dog housetrained? NO YES - do you use a command?

Does your dog bark excessively? NO YES - explain

What brand/type of food do you feed your dog? How Much? _____ Is it a prescription diet? NO YES

Does your dog have any allergies? NO YES - explain

Dog's Name _____

Does your dog have any past/current injuries or medical conditions? NO YES - explain

Is your dog frightened by any noises/actions? NO YES - explain

Is your dog toy/food possessive? NO YES - explain

Does your dog play well with others? YES NO - explain

Does your dog enjoy playing with a specific size, breed or sex of dog? NO YES - explain

What behavior does your dog exhibit? dominant submissive middle-of-the-pack -explain

What toys does your dog enjoy to play with?

Does your dog have obedience training? NO YES - explain commands

Does your dog have any sensitive areas on his/her body? NO YES - explain

Are there any specific kinds of people your dog automatically fears or dislikes?

Has your dog ever growled at a person? NO YES - explain

Has your dog ever bitten a person? NO YES - explain

Does your dog dig? NO YES - explain

Has your dog ever jumped/climbed a fence? NO YES - height?

Anything else we need to know? (use back of page if necessary)