



www.pawderosaranch.com

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Northeast Ranch
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 Schertz, TX 78154
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northeast@weloveyourdog.net

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
		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
		<input type="checkbox"/> NO <input checked="" type="checkbox"/> 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?
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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? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
Is your dog frightened by any noises/actions? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
Is your dog toy/food possessive? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
Does your dog play well with others? <input type="checkbox"/> YES <input type="checkbox"/> NO – explain
Does your dog enjoy playing with a specific size, breed or sex of dog? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
What behavior does your dog exhibit? <input type="checkbox"/> dominant <input type="checkbox"/> submissive <input type="checkbox"/> middle-of-the-pack -explain
What toys does your dog enjoy to play with?
Does your dog have obedience training? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain commands
Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
Are there any specific kinds of people your dog automatically fears or dislikes?
Has your dog ever growled at a person? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
Has your dog ever bitten a person? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
Does your dog dig? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
Has your dog ever jumped/climbed a fence? <input type="checkbox"/> NO <input type="checkbox"/> YES – height?
Anything else we need to know? (use back of page if necessary)
