



Pet Registration Form

Owner Registration

Name:

Address:

Home Phone:

Cell phone:

Work Phone:

Email address:

Emergency Information

Veterinarian Name:	Emergency Contact:
Address:	Relationship:
Phone Number:	Phone numbers:

Pet Information

Name:	Name:	Name:
Breed:	Breed:	Breed:
Color:	Color:	Color:
Age/Birthdate:	Age/Birthdate:	Age/Birthdate:
Male: Neutered Y/N	Male: Neutered Y/N	Male: Neutered Y/N
Female: Spayed Y/N	Female: Spayed Y/N	Female: Spayed Y/N

Feeding Preferences

Name:	Name	Name:
Food Type:	Food Type	Food Type:
Amount:	Amount	Amount:
Times Per Day:	Times Per day:	Times Per Day:
Additional information:	Additional Information:	Additional Information:

Please denote "house" food, if you would like Salty Paws Pet Resort to be fed with our premium grain free dog food.

Personality Profile

Has your dog(s) jumped over or dug under a fence?
Does your dog(s) act afraid of any specific items or noises (i.e. thunder)
Has your dog(s) ever bitten anyone?
Is your dog(s) on a monthly flea treatment, and if so what kind?
Does your dog (s) have any allergies?
Does your dog(s) have any health issues or is he/she on medications? If yes, please describe?
Is there anything else you would like us to know about your dog(s)?

For faster check in, fax or email your completed form to us at prior to your dog's scheduled arrival . Thank you!! Fax: 910-741-4003 Email: